

PLACEMENT MODULE

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SWSS Project

USER REQUIREMENTS

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1 INTRODUCTION

1.1 Purpose

Automation allows access to detailed information about the current placement and placement history. Information can be integrated in order to meet licensing requirements in a more efficient manner.

1.2 Target Audience

The following personnel may also be interested:

- SWSS Trainers
- FIA help Desk personnel
- SWSS advance users
- SWSS project staff tasked with developing the User's Guide
- Zone Children's Services Specialist
- CFS Policy Staff

2 MODULE NARRATIVE

FIA direct service staff or monitoring workers will be entering the data. A monitoring worker with a purchase of service load will print a private agency case data reply form to obtain some of the data before case opening.

The processes in the Placement Section are entry of initial placement for activating a case in SWSS and opening a case on CIS, updating placement information and adding a new placement.

Initial Placement

There are several ways a case may come into SWSS. This affects whether the placement fields are blank or whether information is pre-filled.

In the case of an electronic transfer from Children's Protective Services through SWSS-mapper, no placement information pre-fills.

In an Add New Soundex search situation where there is no match for a name in the database, there are no pre-filled fields.

In an Add New Soundex search situation where there is a match for a name, the placement history comes over but there are no pre-fills for the current placement.

For a converted case, if the most recent placement is a licensed foster care or institutional placement the required fields will be pre-filled. If the placement is unlicensed some fields will be populated, but the user will have to enter more required information.

When adding a new placement, the User selects whether it is an FIA or CPA supervised placement and the type of provider. If a licensed placement is chosen, the User is taken to the Provider Section. In the Provider Section the User is taken through a search routine in order to select the provider. If unlicensed placement is chosen as type of living arrangement, and the unlicensed provider does not have receive payment from MPS, the user will be entering information rather than going to the Provider Section. If the unlicensed provider does have a receive payment the user is taken to the Provider Section.

If there is a sibling who has been made a companion case and the placement information has already been entered for that sibling, the User may choose this sibling from a list which will then pre-fill a case with the chosen sibling's placement information. In this event, the User does not go to the Provider Section.

The specific fields required for making a case active in SWSS and open in CIS by printing an FIA-5s varies by Target Group/Legal Status. See Requirements List for specific detail.

There is an option to print an FIA-3185, the Youth's Placement and Education Record and this applies to all Target Groups/Legal Status and type of provider. This form goes into the paper case file.

For Foster Care and Juvenile Justice there is an option to View Removal Conditions.

For Foster Care and Juvenile Justice there is an option to make Additional Comments.

For a Juvenile Justice case there is an option to print a Victim Notification letter.

For a Juvenile Justice case there is an option to print the Conditions of Placement Agreement.

For Juvenile Justice and Foster Care there is an option to print an Independent Living Agreement.

Updating Placement Information

There is a process to Update/View placement information. Some placement data elements may be changed under specific circumstances. See the Requirements List for more detail.

Adding a New Placement

There is a process to add a new placement. A placement can not be added, unless the placement is AWOL, until the prior placement is given an end date.

3 NAVIGATION FLOW

3.1 Screen Interaction

It should be noted that on every placement screen there is a panel displaying Child Data.

Placement is part of the flow for making a case active in SWSS and open on CIS via a printed FIA-5s.

In a converted case, the User starts on the Placement History screen. Depending on the type of placement, the User may be adding information or just checking for accuracy. See Requirements list for further detail.

The flow for entering the initial placement for Foster Care, Juvenile Justice or Adoption is as follows for cases that are not converted.

- The Starting Point is a Provider Type/Placement selection screen:
 1. Asks whether FIA or a CPA is supervising the case.
 2. Ask for Type of Provider/Placement using a list that includes Foster Home, Own Home, Child Caring Institution, Independent Living, Unlicensed Providers, Insurance/MA Provider and Adoption Placement.
- If a companion case already has placement information entered, an option exists to, "Place the child in the same placement as companion case" If this option is selected, a list box appears for choosing which companion's placement information to use.
- The next screen will depend on Type of Provider/Placement chosen. The specific elements entered are listed in the Requirements List.
 1. **Foster Home** will result in being taken to the Provider Section to search for and select a provider. Once a home is chosen the user is taken to a Licensed Provider summary screen.
 2. **Own Home** will result in being taken to the screen requesting Unlicensed Provider Information. See Requirements List for specific data elements required.
 3. **Child Care Institution** will result in being taken to the Provider Section for search and selection. Once that process is done, then the User is taken to the Licensed Child Caring Institution summary screen.
 4. **Supervised Independent Living** results in being taken to a screen where the Youth's Current Address and phone number are entered.
 5. **Unlicensed** asks the question 'Is payment going to be made? If yes is selected, a further question asks if this is a Michigan Relative or an Out of State placement. Further clarification is requested if Out of State is selected. The user is then taken to the unlicensed provider screen.
 6. **Insurance/MA** will take you to the Provider Section to do a search and selection process. When that is completed the User is taken to a provider summary screen.
 7. **Adoptive Placement**, which is only enabled when Legal Status is 43, will take the User to a screen that enables entry of Placement Data and Placing Agency information. The placement begin date is pre-filled with the Adoption Order Date.
 8. If the **checkbox** for "**Place the child in the same placement as the companion case**" is **checked** the User is taken to a placement summary screen if this is a licensed placement. If the sibling placement is not in a licensed

placement, the User is taken to the unlicensed provider information screen. This will be pre-filled with previously entered data.

- The screen after the screens 1-8 described above is the Placement History screen. Displayed are Provider Number, Provider Name, Living Arrangement Code, Start Date, End Date and whether a 626 has been generated for each placement. The option to print an FIA-3185 will be found on this screen. An option to go to the Payment section, an option to Add a placement and an option to Update/View placement information can also be found on this screen.
 - There is also a Placement Data screen. The user enters placement begin and end dates, living arrangement code and fund source code.
 - Selecting a Placement and then the Payment button takes the User to the screen where Provider Type and Supervising Agency are asked. The process flows in the same manner as entering an initial placement.
 - Selecting a case and then the Payment process takes the User to the Payment Section. A User will only be allowed to enter payment if the placement has an active model payment number, the fund source allows state payments and the living arrangement is a paid living arrangement.

3.2 System Flow

The type of placement chosen effects the flow through this module. An unlicensed placement, for instance, will result in a screen to add information regarding this placement provider. An independent living placement will result in an option to print an independent living agreement. A change of placement may result in an option to print a victim notification for Juvenile Justice cases. Further detail can be found in the Requirements List section.

When a placement is ended the function to add a new placement results. The exception is Escape/AWOL that can be added without ending the current placement.

If the option chosen is to update existing information, that affects the flow through this module.

Out of Module

The living arrangement will affect eligibility for Medicaid.

Placement information prints out on the FIA-3185, which is to be attached to the 5 Day Packet.

The placement information will need to print out on the FIA-5s.

If there are companion cases in SWSS-mapper or in the Case Registration process, there is an option to share placement information between siblings.

The 5 Day Packet is only required for foster home placements on Juvenils Justice cases. A tickler is generated if an independent living placement is made to remind the user to do an independent living agreement in 90-days.

4 REQUIREMENTS LIST

The comprehensive (we hope) list of requirements derived from the original requirements, ensuing memos, emails, and test plan documentation.

4.1 Screen, Data, Out-of-Module, Output, and Miscellaneous Requirements

The following requirements were derived from the original requirements documents written by policy staff for the SWSS project. Any ensuing memos, emails, or test plans regarding the project were also searched. It is intended to be a comprehensive list of all requirements pertaining to the Placement module. Each individual requirement has a unique identifier; the two letter prefix identifies this particular module (PL = placement).

The list is to be used in a Requirements Traceability Matrix, which will be comprised of all the requirements for all the SWSS modules, so that the status of each requirement can be tracked and verified.

The requirements styles can be applied with the following shortcuts:

Requirement 1 Ctrl+!
Requirement 2 Ctrl+@
Requirement 3 Ctrl+#
Requirement 4 Ctrl+\$
Requirement 5 Ctrl+%

PL-1	SCREEN REQUIREMENTS:	Testing Status
PL-1.1	Placement History Summary	NA
PL-1.1.1	Indicate if placement is supervised by FIA or an CPA.	NA
PL-1.1.1.1	For converted cases, display only for the most recent converted placement and all subsequent placements. Do not display for the converted placement history.	NA
PL-1.1.2	Provider number	NA
PL-1.1.2.1	If provider number is a SWSS generated number, do not display.	NA
PL-1.1.3	Provider name	NA
PL-1.1.4	Living arrangement code	NA
PL-1.1.5	Placement begin date	NA
PL-1.1.6	Placement end date	NA
PL-1.1.7	Indicator to specify if payment has been authorized.	NA
PL-1.1.7.1	For converted cases, display the authorization indicator (if there is one) only for the most current converted placement. Do not display payment authorization	NA

	indicators for earlier converted placements.	
PL-1.1.8	Mechanism to generate the FIA3185, Youth's Placement and Education Record.	NA
PL-1.2	On all screens, if space allows, display the following data for a child:	NA
PL-1.2.1	Date of birth	NA
PL-1.2.2	Gender	NA
PL-1.2.3	Age at placement	NA
PL-1.2.4	Primary race	NA
PL-1.2.5	Foster care event code, if CFC case	NA
PL-1.2.6	Productivity code, if JJ case	NA
PL-1.2.7	Service Eligibility code	NA
PL-1.2.8	ASSIST Client ID	NA
PL-1.2.9	Legal status	NA
PL-1.3	LICENSED PROVIDER SCREEN	NA
PL-1.3.1	CPA MPS number – display only	NA
PL-1.3.2	CPA Name – display only	NA
PL-1.3.3	Provider MPS number – display only	NA
PL-1.3.4	Foster Home name – display only	NA
PL-1.3.5	Service code of CPA – display only	NA
PL-1.3.6	Foster Home address and phone number – display only	NA
PL-1.3.7	Contact person and phone number	NA
PL-1.4	Independent Living screen	NA
PL-1.4.1	Placement supervised by a CPA	NA
PL-1.4.1.1	CPA's MPS number, display only	NA
PL-1.4.1.2	CPA name, display only	NA
PL-1.4.1.3	Requirement deleted; moved to Payment	NA

PL-1.4.1.4	Contact name	NA
PL-1.4.1.5	Contact phone number	NA
PL-1.4.2	Placement supervised by FIA	NA
PL-1.4.2.1	Display youth's case number for CPA MPS number	NA
PL-1.4.2.2	Display "Independent Living" for CPA name	NA
PL-1.4.3	Youth's current address	NA
PL-1.4.3.1	Street address	NA
PL-1.4.3.2	Supplemental street address	NA
PL-1.4.3.3	City	NA
PL-1.4.3.4	Zip code	NA
PL-1.4.3.5	Mechanism to designate if non-USA address	NA
PL-1.4.3.6	State code, if USA address	NA
PL-1.4.3.6.1.1	Prefill with "MI"	NA
PL-1.4.3.7	Province, if non-USA address	NA
PL-1.4.3.8	Country, if non-USA address	NA
PL-1.4.4	Phone number	NA
PL-1.4.5	Alternate phone number	NA
PL-1.4.6	Mechanism to designate if new address, if updating the placement record	NA
PL-1.5	Unlicensed Provider screen	NA
PL-1.5.1	Mechanism to select which member(s) the child has been placed with if the living arrangement code is "Own Home" or "Unlicensed, Unpaid Relative."	NA
PL-1.5.1.1	If placement is with "Unlicensed relative" give the user a list of members 16 and older from which to choose.	NA
PL-1.5.1.2	If placement is in "own home", the user must be given a list of members with the relationship code of "AP", "BP", or "ST".	NA
PL-1.5.2	Family structure code (see data elements description section of this document for possible values)	NA

PL-1.5.2.1	Remove family structure code 5 from this list of choices.	NA
PL-1.5.2.2	If the family structure code is "0" (not applicable), the user cannot select a person from the member list.	NA
PL-1.5.2.3	If the family structure code is "0" (not applicable), no entry is to be allowed in the first name, middle initial, date of birth, male/female, race, or Hispanic/Latino Ethnicity fields.	NA
PL-1.5.3	Provider information. If family structure code is a couple need to capture for both providers. If family structure code is not a couple or is an institution, capture one provider name only. If the provider is an individual (i.e. not an institution), capture one provider name only.	NA
PL-1.5.3.1	Provider's last name	NA
PL-1.5.3.2	Provider's first name	NA
PL-1.5.3.3	Provider's middle initial	NA
PL-1.5.3.4	Provider's date of birth	NA
PL-1.5.3.5	Provider's gender	NA
PL-1.5.3.6	Provider's SSN	NA
PL-1.5.3.7	Provider's race (see data elements description section of this document for possible values)	NA
PL-1.5.3.7.1.1	Mechanism to specify if multiple race codes	NA
PL-1.5.3.8	Provider's Hispanic or Latino ethnicity (see data elements description section of this document for possible values)	NA
PL-1.5.4	Provider's address.	NA
PL-1.5.4.1	Street address	NA
PL-1.5.4.2	Supplemental street address	NA
PL-1.5.4.3	City	NA
PL-1.5.4.4	Zip code	NA
PL-1.5.4.5	Mechanism to designate if non-USA address	NA
PL-1.5.4.6	State code, if USA address	NA
PL-1.5.4.6.1.1	Prefill with "MI"	NA

PL-1.5.4.7	Province, if non-USA address	NA
PL-1.5.4.8	Country, if non-USA address	NA
PL-1.5.5	Provider's phone number	NA
PL-1.5.6	Provider's alternate phone number	NA
PL-1.6	Placement data screen	NA
PL-1.6.1	Placement begin date	NA
PL-1.6.2	Placement end date	NA
PL-1.6.3	Total days placed (Display only)	NA
PL-1.6.4	Living arrangement code (see data elements description section of this document for possible values)	NA
PL-1.6.4.1	Remove living arrangement code 6, 8, and 18 from this list of choices.	NA
PL-1.6.5	Funding source code, (see data elements description section of this document for possible values)	NA
PL-1.6.6	Funding source effective date	NA
PL-1.6.7	Security level data. NOTE: These fields should display only for Juvenile Justice cases.	NA
PL-1.6.7.1	Current security level; data elements are Community Based, Low, Open Medium, Closed Medium, and High.	NA
PL-1.6.7.2	Mechanism to specify if an override was used	NA
PL-1.6.7.3	Override reason code (see data elements description section of this document for possible values).	NA
PL-1.6.7.4	Final security level (see data elements description section of this document for possible values).	NA
PL-1.6.8	Mechanism to generate the FIA69 — Foster Care Structured Decision Making, Foster Care Action Summary access the reports screen to generate the DHS-69b, Notice of Child Replacement, or the DHS-69c, Notice of Termination from Family Foster Care Placement.	NA
PL-1.6.9	Mechanism to view removal conditions	NA
PL-1.6.10	Mechanism to specify if family is receiving FIP for the child. NOTE: this should display only for unlicensed relative placements.	NA

PL-1.6.11	Mechanism to generate Independent Living Agreement. NOTE: this should display only if living arrangement is independent living.	NA
PL-1.6.11.1	Mechanism to add comments to the Independent Living Agreement.	NA
PL-1.6.12	Mechanism to generate an FIA-767, Conditions of Placement Agreement. NOTE: this should display only for Juvenile Justice cases.	NA
PL-1.6.12.1	Mechanism to capture 5 special conditions; these will print on the form.	NA
PL-1.6.12.2	Mechanism to capture the frequency of meetings between youth and user.	NA
	Monthly	NA
	Bi-monthly	NA
	Quarterly	NA
PL-1.6.13	Mechanism to generate victim notification letter. NOTE: this should display only for Juvenile Justice cases and only if victim(s) were entered in the legal section.	NA
PL-1.6.14	Mechanism to add comments.	NA
PL-1.6.15	Mechanism to print the FIA5S; only for active cases.	NA
PL-1.6.16	Mechanism to print the FIA133a.	NA
PL-1.7	Adoptive Placement:	NA
PL-1.7.1.1	Mechanism to prefill the parent data from the last foster home or relative placement.	NA
PL-1.7.1.2	County of commitment, display only	NA
PL-1.7.1.3	Adoption placement date	NA
PL-1.7.1.4	Adoption finalization date, display only	NA
PL-1.7.1.4.1.1	This field is displayed only when the adoption has been finalized.	NA
PL-1.7.1.5	Adoption disruption date, display only	NA
PL-1.7.1.5.1.1	This field is displayed only when the adoption has been disrupted.	NA

PL-1.7.1.6	Number of previous adoption placements	NA
PL-1.7.1.7	Type of subsidy (see data elements description section of this document for possible values)	NA
PL-1.7.1.8	Living arrangement code (see data elements description section of this document for possible values)	NA
PL-1.7.1.9	Adoption type/origin (see data elements description section of this document for possible values)	NA
PL-1.7.1.10	Requirement removed	NA
PL-1.7.1.11	Agency's County, display only	NA
PL-1.7.1.12	Agency MPS provider number, display only	NA
PL-1.7.1.13	Agency name, display only	NA
PL-1.7.1.14	Contact name	NA
PL-1.7.1.15	Contact's telephone number	NA
PL-1.7.1.16	Mechanism to print FIA5S; only for active cases.	NA
PL-1.7.1.17	Family structure code (see data elements description section of this document for possible values)	NA
PL-1.7.1.17.1.1	Remove 2 and 5 from list of valid codes	NA
PL-1.7.1.18	Adoptive parent(s)' data (allow for display of two parents):	NA
PL-1.7.1.18.1.1	Last name	NA
PL-1.7.1.18.1.2	First name	NA
PL-1.7.1.18.1.3	Middle initial	NA
PL-1.7.1.18.1.4	Date of birth	NA
PL-1.7.1.18.1.5	Gender, male/female	NA
PL-1.7.1.18.1.6	SSN	NA
PL-1.7.1.18.1.7	Races (see data elements description section of this document for possible values)	NA
PL-1.7.1.18.1.8	Mechanism to specify multiple race codes	NA
PL-1.7.1.18.1.9	Hispanic or Latino ethnicity (see data	NA

	elements description section of this document for possible values)	
PL-1.7.1.18.1.10	Previous relation of adoptive parent to child	NA
PL-1.7.1.18.1.11	The only values to be displayed in the list are “Aunt/Uncle”, “Cousin”, “Foster Parent”, “Grand Parent”, “Guardian”, “Half Sibling”, “Non-Relative”, “Other Relative”, “Sibling”, “Step sibling”, “Step Parent”, “Unknown”.	NA
PL-1.7.1.19	Address:	NA
PL-1.7.1.19.1.1	Mechanism to indicate if non-USA address	NA
PL-1.7.1.19.1.2	Primary street address	NA
PL-1.7.1.19.1.3	Secondary street address	NA
PL-1.7.1.19.1.4	City	NA
PL-1.7.1.19.1.5	State, if USA address	NA
PL-1.7.1.19.1.6	Prefill with “MI”	NA
PL-1.7.1.19.1.7	Zip code	NA
PL-1.7.1.19.1.8	Zip plus, if USA address	NA
PL-1.7.1.19.1.9	Telephone number	NA
PL-1.7.1.19.1.10	Alternate telephone number	NA
PL-1.7.1.19.1.11	Province, if non-USA address	NA
PL-1.7.1.19.1.12	Country, if non-USA address	NA
PL-1.7.1.20	Requirement removed	NA
PL-1.8	For AWOL living arrangement (for Juvenile Justices cases only):	NA
PL-1.8.1	Notify victim by:	NA
PL-1.8.1.1	Letter	NA

PL-1.8.1.2	Phone	NA
PL-1.8.1.3	Date	NA
PL-1.8.1.3.1.1	If letter has been printed, prefill with date printed	NA
PL-1.8.2	Notify court and request pick up order	NA
PL-1.8.2.1	Date	NA
PL-1.8.3	Notify parents by:	NA
PL-1.8.3.1	Letter	NA
PL-1.8.3.2	Phone	NA
PL-1.8.3.3	Date	NA
PL-1.8.3.3.1.1	If letter has been printed, prefill with date printed	NA
PL-1.8.4	Stop payment	NA
PL-1.8.5	FIA-3198	NA
PL-1.8.6	Enter on LEIN	NA
PL-1.9	When the Juvenile Justice youth's living arrangement is "AWOL" and the youth is apprehended:	NA
PL-1.9.1	Notify Victim by:	NA
PL-1.9.1.1	Letter	NA
PL-1.9.1.2	Phone	NA
PL-1.9.1.3	Date	NA
PL-1.9.1.3.1.1	If letter has been printed, prefill with date printed	NA
PL-1.9.1.4	Notify Court	NA
PL-1.9.1.4.1.1	Petition for violation of probation (Y/N)	NA
PL-1.9.1.5	Notify parents by:	NA
PL-1.9.1.5.1.1	Letter	NA

PL-1.9.1.5.1.2	Phone	NA
PL-1.9.1.5.1.3	Date	NA
PL-1.9.1.5.1.4	If letter has been printed, prefill with date printed	NA
PL-1.9.1.6	Notify Facility Director	NA
PL-1.9.1.6.1.1	Date	NA
PL-1.9.1.7	Notify for court hearing:	NA
PL-1.9.1.7.1.1	Youth	NA
PL-1.9.1.7.1.2	Facility Director	NA
PL-1.9.1.7.1.3	Family	NA
PL-1.9.1.8	Notification from Facility Director regarding prosecution (Y/N)	NA
PL-1.9.1.9	Return to:	NA
PL-1.9.1.9.1.1	Placement	NA
PL-1.9.1.9.1.2	New placement	NA
PL-1.9.1.10	Start or stop payments	NA
PL-1.9.1.11	Cancel LEIN	NA
PL-1.9.1.12	FIA767	NA
PL-1.10	To add a new placement:	NA
PL-1.10.1	Supervising Agency	NA
PL-1.10.1.1	FIA	NA
PL-1.10.1.2	CPA	NA
PL-1.10.2	Mechanism to select the placement type:	NA
PL-1.10.2.1	Foster Home	NA
PL-1.10.2.1.1.1	Borrowed Bed (foster home certified for license by other than the supervising agency).	NA
PL-1.10.2.2	Child Caring Institution	NA

PL-1.10.2.3	Unlicensed Provider	NA
PL-1.10.2.3.1.1	Will payment be made? (y/n)	NA
PL-1.10.2.3.1.2	If “yes”, is the unlicensed provider:	NA
PL-1.10.2.3.1.3	Out of State (relative, foster parent, child placing agency or child caring institution).	NA
PL-1.10.2.3.1.4	MI Relative	NA
PL-1.10.2.4	Own Home	NA
PL-1.10.2.5	Independent Living	NA
PL-1.10.2.6	Insurance/MA Provider	NA
PL-1.10.2.7	Adoptive Home	NA
PL-1.10.2.8	Relative Home	NA
PL-1.10.2.8.1.1	Licensed	NA
PL-1.10.2.8.1.2	UnLicensed	NA
PL-1.10.2.8.1.3	Will payment be made? (y/n)	NA
PL-1.10.2.8.1.4	If “yes”, is the unlicensed provider:	NA
PL-1.10.2.8.1.5	Out of State (relative, foster parent, child placing agency or child caring institution).	NA
PL-1.10.2.8.1.6	MI Relative	NA
PL-1.11	Narrative Tabs	P
PL-1.11.1	Placement Information Tab	P
PL-1.11.1.1	The following must be addressed:	P
PL-1.11.1.1.1.1	Describe the foster parent/ kinship caregiver's relative's willingness and capacity to meet the specified needs on this child. and	P
PL-1.11.1.1.1.2	Why the current placement is in the child's best interests.	P
PL-1.11.1.2	There must be an Enter/Update narrative button that, when selected, will pop-up a screen to enter narrative.	P

PL-1.11.1.3	Anticipated next placement type (pick list)	P
PL-1.11.1.4	Anticipated next placement date.	P
PL-1.11.1.5	If the Placement is changing and there is information from the previous placement, pre-fill with that narrative and allow changes	p
PL-1.11.2	Placement Selection Criteria Tab	P
PL-1.11.2.1	Mechanism to rank the following and to indicate if the criteria for each was met; if not met, mechanism to gather narrative regarding the reason why.	P
PL-1.11.2.1.1.1	The case plan which includes the goal of permanence.	P
PL-1.11.2.1.1.2	The physical, emotional, educational, and safety needs of the child(ren)..	P
PL-1.11.2.1.1.3	Proximity to the child(ren)'s family.	P
PL-1.11.2.1.1.4	Placement with relatives kinship family network of the child(ren)	P
PL-1.11.2.1.1.5	Placement with siblings of the child(ren).	P
PL-1.11.2.1.1.6	The child(ren)'s and child(ren)'s family's religious preference.	P
PL-1.11.2.1.1.7	The least restrictive, i.e., most family like setting.	P
PL-1.11.2.1.1.8	The continuity of relationships.	P
PL-1.11.2.1.1.9	Availability of placement resources for the purposes of timely placements.	P
PL-1.11.2.1.1.10	Expressed preferences for placement by the foster child.	P
PL-1.11.3	Discipline/Supervision Tab.	P
PL-1.11.3.1	The following must be addressed:	P
PL-1.11.3.1.1.1	Describe the discipline and child handling techniques to be used while the child is in placement.	P

PL-1.11.3.1.1.2	Describe the plan of supervision for the child while in placement.	P
PL-1.11.3.1.1.3	Describe the plan for acceptable activities for the child such as babysitting, routine household tasks, privileges, etc,	P
PL-1.11.3.1.1.4	If the youth is age 14 or older, detail the independent living preparation activities the foster parent/ kinship caregiver relative will provide to assist the youth.	P
PL-1.11.3.2	There must be an Enter/Update narrative button then, when selected, will pop-up a screen to enter narrative.	P
PL-1.11.3.2.1.1	If the Placement is changing and there is information from the previous placement, pre-fill with that narrative and allow changes	p
PL-1.11.4	Replacement Information Tab	P
PL-1.11.4.1	Briefly identify the reason for replacement or termination from family foster care. Include a summary of services provided to the child and any continuing need for services.	P
PL-1.11.4.2	If the Placement is changing and there is information from the previous placement, pre-fill with that narrative and allow changes	p
PL-1.11.5	Replacement Preparation Tab	P
PL-1.11.5.1	Briefly identify child's physical and emotional state at the time of placement.	P
PL-1.11.5.2	Briefly identify how the child and foster parent were prepared for the move.	P
PL-1.11.5.3	Briefly describe the current medicine and/or special medical instructions given to the foster parent/ kinship caregiver relative at the time of placement.	P
PL-1.11.6	Replacement Reasons Tab.	P
PL-1.11.6.1	Foster care continues to be appropriate for the following reasons (check as many as apply)	P
PL-1.11.6.1.1.1	Children remain at risk if returned to the parental home.	P

PL-1.11.6.1.1.2	No interested relative for placement	P
PL-1.11.6.1.1.3	No appropriated relative placements	P
PL-1.11.6.1.1.4	Juvenile Justice treatment goals have not been completed	P
PL-1.11.6.1.1.5	Juvenile Justice Court Order	P
PL-1.11.6.1.1.6	Juvenile Justice behavior problems	P
PL-1.11.6.2	Reason for replacement or termination from family foster care (check as many as apply):	P
PL-1.11.6.2.1.1	Behavioral problems.	P
PL-1.11.6.2.1.2	Emergency or temp. placement	P
PL-1.11.6.2.1.3	Placement with kinship caregiver relatives.	P
PL-1.11.6.2.1.4	Residential placement	P
PL-1.11.6.2.1.5	Return home	P
PL-1.11.6.2.1.6	Problems in foster family	P
PL-1.11.6.2.1.7	Independent living	P
PL-1.11.6.2.1.8	AWOL	P
PL-1.11.6.2.1.9	Foster Parent request	P
PL-1.11.6.2.1.10	Abuse or neglect by Foster Family	P
PL-1.11.6.2.1.11	Other (specify)	P
PL-1.11.6.2.1.12	Mechanism to enter other reason	P
PL-1.11.6.3	Was termination from family foster care explained to all parties (Yes/No)	P
PL-1.11.6.3.1.1	If no, mechanism to enter reason why not	P
PL-1.11.6.4	If termination is unplanned, summarize the reasons and circumstances surrounding the termination	P
PL-1.11.7	Information Shared with Caregiver Tab	P

PL-1.11.7.1	Information related to the care and supervision of the child or termination was shared with (check as many as apply)	P
PL-1.11.7.1.1.1	Mother, Father, New Caregiver, FIA/Referring Worker, Kinship Family Members relatives.	P
PL-1.11.7.1.1.2	Date Shared.	P
PL-1.11.7.1.1.3	How the information was shared: letter, face to face, or telephone.	P
PL-1.11.7.2	Information shared with new caregiver(s) includes (check as many as apply):	P
PL-1.11.7.2.1.1	Assigned worker	P
PL-1.11.7.2.1.2	Reason(s) child removed	P
PL-1.11.7.2.1.3	Case Plan	P
PL-1.11.7.2.1.4	Description of behavioral characteristics and needs	P
PL-1.11.7.2.1.5	Medical/Dental/Psychological characteristics and needs	P
PL-1.11.7.2.1.6	Interaction with parents/siblings	P
PL-1.11.7.2.1.7	School records Behavior management	P
PL-1.11.7.2.1.8	Visitation expectations	P
PL-1.11.7.2.1.9	Consent to treatment card	P
PL-1.11.7.2.1.10	School enrollment form	P
PL-1.11.7.2.1.11	Abuse/Neglect history	P
PL-1.11.7.2.1.12	Offense History	P
PL-1.11.7.3	Was Supervisory approval obtained prior to the replacement? Yes/No	P
PL-1.11.7.3.1	The message "Please indicate whether if supervisory approval was obtained." is to appear only when adding a new placement. It is not to appear when previous placements are being reviewed or when the current	f

placement is being reviewed/updated.....ser7402		
PL-1.11.7.4	Was the FIA-30 Relative caregiver pamphlet given to the current caregiver relative? Yes/No/NA	P
PL-1.11.7.4.1	If yes, date provided: MMDDYYYY	P
PL-1.11.7.4.2	Pre-Select NA if the new placement is not with a relative (LA 02 or 23).	p
PL-1.11.7.4.3	Display a message “Please enter the date that the Relative Caregiver Pamphlet was given to the relatives” when the question is answered ‘yes’ and no date was entered.....ser 7401	f
PL-1.11.7.4.3.1	This message is to appear only when a placement in LA 02 or 23 is being added. It is not to appear for previous placements or when the current placement is being reviewed/updated.....ser 7403	f
PL-1.11.8	DOC Justification Tab	P
PL-1.11.8.1	If the foster parents are receiving a Determination of Care Supplement, describe the activities that justify this supplement.	P
PL-1.11.8.2	If the Placement is changing and there is information from the previous placement, pre-fill with that narrative and allow changes	p
PL-1.11.9	Residential Care Tab	P
PL-1.11.9.1	The following must be addressed for the child in residential care:	P
PL-1.11.9.1.1.1	Describe the reasons for residential care	P
PL-1.11.9.1.1.2	Identify the plan for services that will allow the youth to be placed in a less restrictive setting.	P
PL-1.11.9.1.1.3	If the youth is 10 years of age or over and is placed in a residential or institutional setting, the worker should document if Wraparound or Assisted Care efforts were made to prevent the custodial placement.	P
PL-1.11.9.1.1.4	If the youth under age 10 is placed in a residential or institutional setting, the worker must document the Wraparound or Assisted Care efforts made to prevent the custodial placement.	P

PL-1.11.9.1.1.5	If no services provided, explain why not.	P
PL-1.11.9.1.1.6	If the Placement is changing and there is information from the previous placement, pre-fill with that narrative and allow changes	p
PL-1.11.10	Caregiver Feedback Tab	P
PL-1.11.10.1	If a written statement from the foster parent/ kinship caregiver relative is not available, summarize the foster parent/ kinship caregiver relative feedback.	P
PL-1.11.10.2	If the Placement is changing and there is information from the previous placement, pre-fill with that narrative and allow changes	p
PL-1.11.11	There must be a mechanism to generate/print the following forms/reports	P
PL-1.11.11.1	Permanent Foster Family Agreement	P
PL-1.11.11.1.1.1	Mechanism to display the date the Agreement was completed	P
PL-1.11.11.2	Notice of replacement	P
PL-1.11.11.3	Notice of Termination from Family Foster Home Placement	P
PL-1.11.11.4	Determination of Care Justification	P
PL-2	DATA EDITING REQUIREMENTS:	NA
PL-2.1	See attached data validation tables for required edits.	NA
PL-2.2	All dates entered must be valid dates.	NA
PL-2.3	There cannot be overlapping placement dates.	NA
PL-2.3.1	There must be no missing days when ending one placement and beginning another unless the case has been closed and then reopened at a later date.	NA
PL-2.4	Placement end date edits:	NA
PL-2.4.1	Placement end date cannot be prior to placement begin date.	NA
PL-2.4.2	Placement end date cannot be prior to child's date of birth.	NA
PL-2.4.3	Placement end date cannot be in the future.	NA

PL-2.4.4	Requirement removed.	NA
PL-2.5	A placement end date must be entered before a new placement can be entered.	NA
PL-2.5.1	Requirement deleted.	NA
PL-2.6	Required data fields:	NA
PL-2.6.1	Placement begin date	NA
PL-2.6.1.1	Placement begin date cannot be in the future.	NA
PL-2.6.1.2	Placement begin date cannot be prior to child's date of birth.	NA
PL-2.6.1.3	Placement begin date cannot be after placement end date.	NA
PL-2.6.2	Living arrangement code	NA
PL-2.6.2.1	A living arrangement code of "Adoptive Home" is not valid unless the program code is Adoption.	NA
PL-2.6.2.2	The youth must be at least 16 years old if living arrangement code "Independent Living" is selected.	NA
PL-2.6.2.3	A living arrangement code of "FIA Training School" is valid for all juvenile justice legal statuses except 47 and 50.	NA
PL-2.6.2.4	A living arrangement code of "Arbor Heights" is valid for all legal statuses except 47 through 51.	NA
PL-2.6.2.5	If living arrangement code is "FIA Training School" and the legal status code is not a Juvenile Justice legal status (except 47 and 50), display the error message "Only wards active in the Juvenile Justice Program can be placed in these facilities."	NA
PL-2.6.3	Funding source code	NA
PL-2.6.3.1	Funding source code cannot be Title IV-E if the living arrangement code is "Own Home", "Relative Home" (if not licensed), "Legal Guardianship", "Adoptive Home", "Independent Living", "Detention", "Jail", "FIA Training School", "Nokomis Challenge Program", "Mental Health Facility", "Court Treatment Facility", "Boarding School and Runaway Service Facility, Other and Adult Foster Care Home", "AWOL", "Out of State – Parent", or "Out of State – Relative".	NA
PL-2.6.3.2	Funding source effective date must be entered when changing the funding source code for a placement.	NA

PL-2.6.3.2.1.1	The date must be valid.	NA
PL-2.6.3.2.1.2	The date cannot be in the future.	NA
PL-2.6.3.2.1.3	The date cannot be prior to placement begin date.	NA
PL-2.6.3.2.1.4	The date cannot be after the placement end date.	NA
PL-2.6.3.2.1.5	The date cannot be prior to February 1, 1999 (date of the new CWFIS system implementation).	NA
PL-2.6.3.2.1.6	Funding source 2 (Title IVE) cannot be effective before the earliest acceptance date for the current opening. This acceptance date is located in the Child section.	NA
PL-2.6.3.2.1.7	Funding source 4 (State Ward Board and Care) cannot be effective before the commitment acceptance date. This acceptance date is located in the Legal section.	NA
PL-2.6.3.3	Edit for valid combination of Funding Source and type of provider:	NA
PL-2.6.3.3.1.1	Child Welfare licensed provider	NA
PL-2.6.3.3.1.2	Funding Source must be "2", "3", "4", "5"	NA
PL-2.6.3.3.1.3	Unlicensed Relative, including an unlicensed relative supervised by a private child placing agency:	NA
PL-2.6.3.3.1.4	Funding source cannot be "2"	NA
PL-2.6.3.3.1.5	Insurance/MA provider:	NA
PL-2.6.3.3.1.6	Funding source cannot be "2" or "5"	NA
PL-2.6.3.3.1.7	Independent Living	NA
PL-2.6.3.3.1.8	If funding source is "5", then the legal status must be "51"	NA
PL-2.6.3.4	Funding source must be edited based on the legal status	NA

of the child/youth as follows:	
PL-2.6.3.4.1.1 Funding source "6" is valid for all legal statuses	NA
PL-2.6.3.4.1.2 Funding Source "5" is valid for legal statuses "40","41","42", or "51"	NA
PL-2.6.3.4.1.3 Funding Source "4" is valid for legal statuses "44","45","46","52","92","93", or "94"	NA
PL-2.6.3.4.1.4 Funding Source "3", is valid for legal statuses "40","41","42","43","47","48","50","51","90","91","92", or "93"	NA
PL-2.6.3.4.1.5 Funding Source "2" is valid for legal statuses "40","41","42","44","45","46","52","90","91","92","93", or "94"	NA
PL-2.6.3.4.1.6 Funding Source "1" is NOT valid for legal statuses "41","44","91","93", or "94".	NA
PL-2.6.3.5 If the youth is age 19 years or older, funding source 2 (Title IVE) cannot be used.	NA
PL-2.6.4 Provider	NA
PL-2.6.4.1 Unlicensed provider:	NA
PL-2.6.4.1.1.1 Family structure code; unless living arrangement code is "Jail", "Out of State CCI", "Mental Health Facility", or "Boarding School, Runaway Service Facility, Adult Foster Home, Hospital, etc (the "Other" category)".	NA
PL-2.6.4.1.1.2 Provider name.	NA
PL-2.6.4.1.1.3 Required for both providers if family structure is two caretakers.	NA
PL-2.6.4.1.1.4 Date of birth	NA
PL-2.6.4.1.1.5 Required for both providers if family structure is two caretakers.	NA

PL-2.6.4.1.1.6	Sex	NA
PL-2.6.4.1.1.7	Required for both providers if family structure is two caretakers.	NA
PL-2.6.4.1.1.8	Races	NA
PL-2.6.4.1.1.9	Required for both providers if family structure is two caretakers.	NA
PL-2.6.4.1.1.10	Hispanic or Latino Ethnicity	NA
PL-2.6.4.1.1.11	Required for both providers if family structure is two caretakers.	NA
PL-2.6.4.1.1.12	Address elements:	NA
PL-2.6.4.1.1.13	Street address	NA
PL-2.6.4.1.1.14	City	NA
PL-2.6.4.1.1.15	State, if USA address	NA
PL-2.6.4.1.1.16	Zip	NA
PL-2.6.4.1.1.17	Province, if non-USA address	NA
PL-2.6.4.1.1.18	Country, if non-USA address	NA
PL-2.7	If entering a contact's telephone number, it must be a complete number.	NA
PL-2.8	If living arrangement code is "Independent Living", an address must be entered.	NA
PL-2.8.1	A street, city, state, and zip code are required if USA address.	NA
PL-2.8.2	A street, city, province, country, and zip code are required for non-USA address.	NA
PL-2.9	If Foster Care case is active in SWSS, the foster care event must be entered in the Child section.	NA
PL-2.10	The child/youth must be Title IV-E Eligible for the worker to enter funding source "Title IV-E."	NA
PL-2.11	If placement is with a CCI:	NA

PL-2.11.1	Provider eligibility code must be 64 or 66.	NA
PL-2.11.2	Living arrangement code must be 11, 13, 14, 15, 17, or 26.	NA
PL-2.12	If placement is with a licensed provider:	NA
PL-2.12.1	Living arrangement code must be 2, 5, 9, 10, 11, 13, 14, 15, 17, or 21.	NA
PL-2.13	If placement is with an unlicensed provider:	NA
PL-2.13.1	Living arrangement code must be 1, 2, 3, 12, 19, 20, 22, or 23-27.	NA
PL-2.14	If placement is with an Insurance/MA provider:	NA
PL-2.14.1	Living arrangement code must be 16 or 19.	NA
PL-2.15	If placement is independent living:	NA
PL-2.15.1	Living arrangement code must be 7.	NA
PL-2.15.2	Requirement removed.	NA
PL-2.16	Requirement removed.	NA
PL-2.17	For CFC cases, if youth is over the age of 20, placement cannot be done.	NA
PL-2.17.1	If it is a converted, registered case, this edit does not apply.	NA
PL-2.18	For JJ cases, if youth is over the age of 21, placement cannot be done.	NA
PL-2.18.1	If it is a converted, registered case, this edit does not apply.	NA
PL-2.19	If JJ case and an override was used, override code must be specified.	NA
PL-2.19.1	If the override reason is 15 or 40, the final security code must be specified.	NA
PL-2.20	If no initial funding determination has been done:	NA
PL-2.20.1	If JJ case with legal status of 40 or 46, display message that initial funding determination must be done.	NA
PL-2.20.2	If legal status is NOT 43, 47, 48, 49 or 50, display message that initial funding determination must be done.	NA

PL-2.21	Requirement removed.	NA
PL-2.22	Edits for adoptive placements:	NA
PL-2.22.1	Placement begin date:	NA
PL-2.22.1.1	It is required.	NA
PL-2.22.1.2	It cannot be in the future.	NA
PL-2.22.1.3	It must be a valid date.	NA
PL-2.22.1.4	It cannot be prior to child's date of birth.	NA
PL-2.22.1.5	If not an OTI case, legal status 49, the begin date cannot be prior to the date of the order placing the child for adoption.	NA
PL-2.22.2	Living arrangement:	NA
PL-2.22.2.1	It is required.	NA
PL-2.22.2.2	It must be 04.	NA
PL-2.22.3	If a value is entered for number of previous adoption placements, it must be a numeric value.	NA
PL-2.22.4	If not an OTI case:	NA
PL-2.22.4.1	Must indicate whom the child was placed by.	NA
PL-2.22.4.2	Must indicate the adoption origin/type code.	NA
PL-2.22.5	If entering a telephone number for a CPA contact person, the number must be complete.	NA
PL-2.22.6	Family structure code is required; this is not required for OTI cases.	NA
PL-2.22.7	Adoptive parent information must be obtained from the Member Section. If the information is not there, a message must appear telling the user the placement information cannot be added until the Adoptive parent information is included in the Member Section.	NA
PL-2.22.8	Goal code must be "own home placement".	NA
PL-2.22.9	Legal status code must be "court ward supervised adoption" or "OTI Adoption."	NA
PL-2.22.10	Requirement deleted	NA

PL-2.23	For JJ cases, if a new placement is entered, the user must be asked if s/he wants to complete the FIA767, Placement Agreement.	NA
PL-2.23.1	The FIA767 is not required. Display the message "Do you want to complete the FIA-767, Conditions of Placement?" with "Yes" and "No" selection buttons.	NA
PL-2.23.2	If the youth is required to register as a sex offender, display a message that "The youth is a sexual offender and must register with the local police department since placement has changed."	NA
PL-2.24	For JJ cases, if youth is placed in independent living, must complete the Independent Living Agreement.	NA
PL-2.25	If placement is with CPA or CCI, program type must be specified.	NA
PL-2.26	Requirement deleted	NA
PL-2.27	A Child Placing Agency (CPA) cannot supervise a child in a Child Caring Institution or an Insurance/MA provider.	NA
PL-2.27.1	If the case is a children's foster care case and the case county is Wayne, this requirement does not apply.	NA
PL-2.28	Provider eligibility vs living arrangement edits:	NA
PL-2.28.1	Provider eligibility must be 61, 64, or 66 if the living arrangement is 09.	NA
PL-2.28.2	Provider eligibility must be 61 if the living arrangement is 02 (a licensed relative), 05, 24, or 27.	NA
PL-2.28.3	Provider eligibility must be 60 if the living arrangement is 02 (an unlicensed relative), or 23.	NA
PL-2.28.4	Provider eligibility must be 02 if the living arrangement is 19.	NA
PL-2.28.5	Provider eligibility must be 45 if the living arrangement is 16 or 19.	NA
PL-2.28.6	Provider eligibility must be 64 or 66 if the living arrangement is 11, 13, 14, 15, 17, or 26.	NA
PL-2.29	If the provider has an address other than Michigan, the living arrangement must be 22-27.	NA
PL-2.30	Service code edits:	NA

PL-2.30.1	If there is no service code for the current converted placement, the service code must be selected in placement.	NA
PL-2.30.2	If there is no service code for a placement that has ended, the service code must be selected in placement and the user must be in corrections mode.	NA
PL-2.30.3	If the wrong service code was selected in provider (adding a new placement), it must be changed in placement.	NA
PL-2.30.4	If neither PL-2.30.3 or PL-2.30.2 are true, the service code must be display only.	NA
PL-2.31	The Required Narrative section must be completed if going from one FH to another FH, from FH to own home, or from FH to Relative.	P
PL-2.32	The FIA-69b must be printed if going from one FH to another FH, The DHS 69c must be printed if going from FH to own home, or from FH to Relative.	P
PL-2.33	Before accessing the Required Narrative section, the placement begin date and placement living arrangement must be entered.	P
PL-2.34	Child Replacement/Placement Termination edits:	P
PL-2.34.1.1	The questions listed in PL-1.11.6 must each be ranked.	P
PL-2.34.1.1.1.1	If the criteria was not met, a reason must be entered.	P
PL-2.34.1.2	Must answer yes or no to the question "Was termination from Family Foster Care explained to all parties?"	P
PL-2.35	All fields on the CFC AWOL Screen must be completed	NA
PL-2.36	The other name/relationship/address are required only if youth may be with someone other than a parent.	NA
PL-3	OUT-OF-MODULE REQUIREMENTS:	NA
PL-4	MODULE REQUIREMENTS:	NA
PL-4.1	Each time the child is put in a new placement, the user must must receive a message reminding him/her to complete an FIA-133A to update ASSIST with the child's new address and an FIA-5S to update CIS.	NA
PL-4.2	Requirement removed	NA

PL-4.3	When the child moves from one family foster care placement to another (child replacement) or leaves a family foster care placement for any other non-family foster care placement (termination from foster care), the user must receive a message reminding him/her to complete an FIA-69b (child replacement) or DHS-69c (termination from foster care).	NA
PL-4.3.1	The FIA-69, Foster Care Action Summary, is not to be used if the placement "change" is the addition of the child's first placement (i.e., there is no out of home placement history for the current case)	NA
PL-4.3.2	This message is not to appear if the placement is being supervised by an private child placing agency.	NA
PL-4.3.3	This message is to appear only when adding a new placement. It is not to appear when previous placements are being reviewed or when the current placement is being reviewed/updated.	NA
PL-4.4	There must be a mechanism to allow the user to print an Independent Living Arrangement Agreement if the youth is in an Independent Living Arrangement.	NA
PL-4.4.1	Do not display this option unless the living arrangement code is "Independent Living".	NA
PL-4.4.2	Specify the youth's responsibilities and conditions.	NA
PL-4.4.3	Specify the worker's responsibilities and conditions.	NA
PL-4.5	If there is placement history for the child, the first screen to be displayed is the summary screen of all placements for the child; otherwise display the screen to specify type of placement.	NA
PL-4.5.1	Every placement the child has been in, regardless of log number, should be displayed on the Placement History screen.	NA
PL-4.6	There must be a mechanism to add new placement records.	NA
PL-4.6.1	If there is a companion case, there must be a mechanism to place the child in the same placement as the companion case.	NA
PL-4.6.1.1	The placement screen will prefill with all provider data from the companion case EXCEPT the placement begin date.	NA
PL-4.6.2	If no companion cases, or not placing in the same	NA

	placement as a companion case, there must be a mechanism to specify the placement type.	
PL-4.6.2.1	For licensed or contracted providers, unlicensed or non-contracted providers, or enrolled Insurance/MA providers, there must be a mechanism to allow selection from the MPS provider list.	NA
PL-4.7	There must be a mechanism to update a placement.	NA
PL-4.8	There must be a mechanism to allow the user to proceed from the placement section to the payment section, if applicable, and the education section.	NA
PL-4.9	There must be a mechanism to display the removal conditions.	NA
PL-4.10	Calculate the total days in a particular placement; display on the screen.	NA
PL-4.10.1	If placement end date has not been entered, total days placed is the number of days between current date and placement begin date.	NA
PL-4.10.2	If placement end date has been entered, total days placed is the number of days between placement end date and placement begin date.	NA
PL-4.11	There must be a mechanism to enter comments.	NA
PL-4.12	There must be a mechanism to print the FIA5S, once the case is active, when the child's placement changes.	NA
PL-4.13	Prefill the funding source code based on the outcome from the Funding Determination section.	NA
PL-4.13.1	The user may change the funding source code, in placement, if the living arrangement is not valid with the funding source based on CIS edits.	NA
PL-4.13.2	If the child is Title IV-E eligible, prefill with 2.	NA
PL-4.13.3	If the child is State Funded, prefill with 4.	NA
PL-4.13.4	If the child is County Funded, prefill with 3.	NA
PL-4.13.5	If the child has Temporary Funding or Limited Term/Emergency, prefill with 5.	NA
PL-4.14	If the new living arrangement is "20", the following description (name) of the living arrangement is to be used:	NA
PL-4.14.1	"AWOL" if it is a CFC case.	NA

PL-4.14.1.1	If the JJ youth's previous placement was not his/her own home, it is called "Escape".	NA
PL-4.14.1.2	If the JJ youth's previous placement was his/her own home, it is called "AWOL".	NA
PL-4.14.2	Requirement deleted	NA
PL-4.14.3	Requirement deleted	NA
PL-4.14.4	Requirement deleted	NA
PL-4.15	If the living arrangement code is "Detention":	NA
PL-4.15.1	If the detention placement lasts longer than 30 days:	NA
PL-4.15.1.1	If medicaid is open, display a message "Medicaid must be closed."	NA
PL-4.15.1.2	Display a message "Child has been in detention for over 30 days, Director's approval is necessary for this placement to continue."	NA
PL-4.16	If the living arrangement code is "Court Treatment Facility":	NA
PL-4.16.1	If medicaid is open and the placement has been for more than 30 days, display a message "Child has been in Court/County Treatment for over 30 days; Medicaid must be closed."	NA
PL-4.17	If the living arrangement code is "Jail":	NA
PL-4.17.1	If medicaid is open, display a message "Medicaid must be closed when the youth is in jail."	NA
PL-4.17.2	If the placement has been for more than 5 days, display a message " " "Child has been in jail for over 5 days, Director's approval is necessary for this placement to continue."	NA
PL-4.18	If the new placement begins a new AFCARS episode, display a message reminding the user that new removal conditions need to be entered in the Legal section.	NA
PL-4.19	When ending a placement that should have had, but has not had, payment authorized, a message should be displayed reminding the user that payment has not been authorized and to proceed to the payment section if payment needs to be authorized.	NA
PL-4.20	When ending a placement that has had payment authorized, ask if user wants to proceed to payment	NA

	section after completing the placement section.	
PL-4.20.1	If yes, proceed to payment section when user leaves placement.	NA
PL-4.21	There must be a mechanism to allow the user to update an unlicensed relative placement with the relative's MPS information should they become licensed at a later date.	NA
PL-4.21.1	The placement begin date would remain the same.	NA
PL-4.21.2	Payment could not be authorized prior to the date the relative became a licensed provider.	NA
PL-4.22	If the living arrangement is "Unlicensed Relative", display the question "Are the relatives receiving FIP"? except OTI and PSI cases.	NA
PL-4.23	Requirement removed.	NA
PL-4.24	For Juvenile Justice cases only, if an override was used on the initial security level, display a list of override reasons.	NA
PL-4.24.1	If the override reason is 15 or 40, display a list of final security levels.	NA
PL-4.25	There must be a mechanism to delete placements.	NA
PL-4.25.1	The placement will remain in the database but will be flagged as deleted and not be displayed on the history screen.	NA
PL-4.25.2	Placements for an active case can only be deleted if the user is in corrections mode.	NA
PL-4.26	There must be a mechanism to correct placements. There are three fields that cannot be changed in the normal update procedure once the case is active in SWSS.	NA
PL-4.26.1	Placement begin date	NA
PL-4.26.2	Placement end date	NA
PL-4.26.3	Living arrangement code	NA
PL-4.26.4	History of these corrections will need to be kept.	NA
PL-4.26.4.1	Date of change	NA
PL-4.26.4.2	User making the change	NA
PL-4.26.4.3	Old value	NA

PL-4.26.4.4	New value	NA
PL-4.26.5	The date edits will need to be turned off while correcting the placements. When the user attempts to exit the Placement section, all placement dates will need to be re-validated; the user cannot leave placement until all dates are valid.	NA
PL-4.26.6	The user must be able to add placements.	NA
PL-4.26.7	The user must be able to delete placements.	NA
PL-4.26.8	The user must be able to perform these functions on a registered case without being in corrections mode.	NA
PL-4.27	Requirement Deleted.	NA
PL-4.28	Family structure code is not required for living arrangements "Jail", "Out of State CCI", "Mental Health Facility", or "Boarding School, Runaway Service Facility, Adult Foster Home, Hospital, etc (the "Other" category)"; these use the unlicensed provider screen for entry of placement provider.	NA
PL-4.29	There must be a mechanism to "flag" the beginning of each out of home placement episode. (This is required for AFCARS reporting.)	NA
PL-4.29.1	If the previous living arrangement code was "Own Home" (01), "Legal Guardian" (03), or "Out of State – Own Home" (22) and the new living arrangement code is NOT one of these, a new placement episode has begun.	NA
PL-4.29.2	For Add New cases (i.e. no placement history for the child), if the first living arrangement code is not "Own Home (01)", "Legal Guardian (03)", or "Out of State – Own Home (22)", that living arrangement must be flagged as the beginning of the new episode.	NA
PL-4.30		NA
PL-4.31	For JJ cases, display the productivity code.	NA
PL-4.32	For CFC cases, display the foster care event code.	NA
PL-4.33	Requirement removed	NA
PL-4.34	Requirement removed	NA
PL-4.35	If legal status is 47, 48, 49, or 50, don't display the mechanism to view removal conditions.	NA

PL-4.36	If JJ case and the legal status is 47 or 50, don't display the security fields.	NA
PL-4.37	If JJ case and victim(s) have been entered in the legal section that want notification of changes in the youth's circumstances, display the option to print the letter to victims, FIA91.	NA
PL-4.38	If JJ case, display the option to complete and print the Conditions of Placement, FIA767.	NA
PL-4.39	Requirement removed	NA
PL-4.40	If living arrangement is independent living, display the option to complete and print the Independent Living Agreement.	NA
PL-4.41	If the case is active in SWSS and updating a placement, display the option to print a FIA5S.	NA
PL-4.42	If the user does not have update privileges for the case, make all fields "view only".	NA
PL-4.43	For adoption cases:	NA
PL-4.43.1	Prefill the placement begin date with the date of the order placing the child.	NA
PL-4.43.2	If the adoption placement is supervised by a CPA, display the CPA's name, number, and county.	NA
PL-4.43.3	If the adoption has been disrupted or finalized, display the date of the order for disruption or finalization as the placement end date.	NA
PL-4.43.4	If the adoptive parent(s) have been entered in the Member section, prefill the adoptive parent screen in placement with the data entered there.	NA
PL-4.43.5	If child was placed for adoption by a tribal agency, there must be a mechanism to enter the tribal name.	NA
PL-4.43.6	Prefill the living arrangement code with "Adoptive Home".	NA
PL-4.44	If JJ case and the legal status is 95 or 96, display the option to enter adoptive placement.	NA
PL-4.45	All Juvenile Justice cases requiring residential placement must be referred to the Juvenile Justice Assignment Unit. Display the message "The youth's placement must be approved by the Juvenile Justice Assignment Unit (JJAU). See HELP for referral procedures."	NA

PL-4.46	If the living arrangement code is 22-27, display the message "See HELP for an explanation of conditions that need to be met prior to a child being placed outside of the State of Michigan."	NA
PL-4.46.1	If the living arrangement is 01 (own home), 03 (legal guardian) or 22 (out of state parent) and if the Medicaid case is registered or open, display a message "Medicaid must be withdrawn/closed".	NA
PL-4.46.2	If the living arrangement is outside the state of Michigan (LA23-27), is funded with Title IVE (FS 2) and if the Medicaid case is registered or open, display a message "Medicaid must be withdrawn/closed".	NA
PL-4.46.3	If the living arrangement is 02 (relative) who is receiving FIP for the child and if the Medicaid case is registered or open, display the message "Medicaid must be withdrawn/closed".	NA
PL-4.47	If the Juvenile Justice youth's living arrangement is "AWOL", display the screen of items needing documentation as a reminder every time placement is accessed until the AWOL/ESCAPE living arrangement is ended.	NA
PL-4.48	Requirement removed.	NA
PL-4.49	When the funding source is changed in the Placement section, the user must be directed to end the old payment authorization and enter a new payment authorization if appropriate.	NA
PL-4.50	Access to the "Type of Provider" (or select provider) screen must be available for legal statuses 43 and 49, including cases converted with these legal statuses. The user must be able to select whether the adoptive placement is supervised by FIA or a CPA.	NA
PL-4.50.1	If the adoptive placement is supervised by a CPA, there must be a mechanism to select a provider from the MPS list.	NA
PL-4.51	If the user performs an action upon the database after the database has timed the user out, SWSS must automatically reconnect to the database and continue working.	NA
PL-4.52	Central Office users (county 84) need inquiry access for case information.	NA
PL-4.53	When a child is placed in family foster care (LA 05), or moves from one foster home to another, a message must	NA

	display reminding the user to complete the foster parent copy of the 5Day Packet Placement Outline and attach an FIA-3185.	
PL-4.54	When a placement is stored, the legal status, living arrangement, and funding source must be stored with it. Payments will need this information at time payment authorization is done.	NA
PL-4.55	If the youth is in detention and is either registered for MA or has an open MA case, the worker should be reminded after thirty (30) days to withdraw/close the MA case. Placement must generate a tickler when living arrangement "detention" is entered.	NA
PL-4.56	For cases which convert with a provider number but no service code for the current placement, the placement panel for the CCI or CPA must allow selection of a service code from the specific provider's pick list.	NA
PL-4.57	If there is an active payment authorization and the user updates the placement or the funding source, s/he must be taken directly to payment section upon selecting "continue" from the placement module.	NA
PL-4.57.1	If the update is a placement change from one foster home to another under the supervision of the same private child placing agency, do not implement this requirement.	NA
PL-4.57.2	Before implementing this requirement, display a message stating "Accessing the payment module since the payment authorization requires modification or termination."	NA
PL-4.57.3	If the user is forced to Placement from the Legal section, s/he must complete the Placement module so that the fund source record can be updated.	NA
PL-4.58	If the user is forced to Placement from Funding Determination section due to administrative hearing request/resolution:	NA
PL-4.58.1	Funding Source end date must be set at 90 days after the Administrative Hearing request date.	NA
PL-4.58.2	If the resolution of the hearing is the FIA decision was upheld, the end date of Funding Source Title IVE is the date of resolution.	NA
PL-4.59	If MPS provider with eligibility type of 61, and living arrangement is 02 or 05, do not print the supplemental address.	NA
PL-4.60	Child Replacement/Placement Termination:	P

PL-4.60.1	For the very first out-of-home placement for a log or if the child has been home for a year on the same log, prefill with the answers from 5Day Packet	P
PL-4.60.1.1	Child's reaction to out of home placement (question 3 from 5Day Packet)	P
PL-4.60.1.2	Description on how the worker prepared the child and foster parent for the move (question 2 from the 5Day Packet)	P
PL-4.60.2	If the living arrangement is 10 through 19, 21 and 26, allow access to the Residential Care tab.	P
PL-4.60.3	If ending a placement, allow entry of the following:	P
PL-4.60.3.1	Reason(s) why Foster Care/JJ continues to be appropriate.	P
PL-4.60.3.1.1.1	Enable for JJ only if in a Foster Home.	P
PL-4.60.3.2	Information related to the care and supervision of the child or termination was shared with (see section 1)	P
PL-4.60.4	If adding a new placement, allow entry of the following:	P
PL-4.60.4.1	Reason for replacement.	P
PL-4.60.4.1.1.1	Enable for JJ only if in a Foster Home.	p
PL-4.60.4.2	Reason(s) for replacement or termination from family foster home.	P
PL-4.60.4.2.1.1	Enable for JJ only if in a Foster Home.	p
PL-4.60.4.3	Description on how the worker prepared the child and foster parent for the move.	P
PL-4.60.4.3.1.1	Enable for JJ only if in a Foster Home.	p
PL-4.60.4.4	Information shared with new care giver(s)	P
PL-4.60.4.5	Narrative for "Was termination from Family Foster Care explained to all parties?"	P
PL-4.60.4.5.1.1	Enable only if the living arrangement is not 02, 05, 23, 24, 25, or 27.	P
PL-4.60.4.6	Narrative for "If termination is unplanned, summarize the reasons and circumstances surrounding the termination."	P

PL-4.60.4.6.1.1	Enable only if the living arrangement is not 02, 05, 23, 24, 25, or 27.	P
PL-4.60.4.7	Allow generation of the following forms:	P
PL-4.60.4.7.1.1	Permanent Foster Family Agreement if the goal is 12	P
PL-4.60.4.7.1.2	Notice of Replacement if the living arrangement is 02 going to another 02/05 living arrangement or living arrangement if 05 going to another 02/05 living arrangement.	P
PL-4.60.4.7.1.3	Notice of Termination from Family Foster Home Placement if the living arrangement is NOT 02, 05, 23, 24, 25 or 27.	P
PL-4.60.4.7.1.4	Allow reprint of reports from previous placements....ser7405	f
PL-4.61	If child has went AWOL and is a CFC case	NA
PL-4.61.1	Display the CFC AWOL screen when adding a new placement with living arrangement 20	NA
PL-4.61.2	When initially adding the AWOL placement, print 3 copies of the LEIN form and 3 copies of the FIA3198A	NA
PL-4.61.3	Send email to the MYCU group notifying them a child has went AWOL	NA
PL-4.61.3.1	Subject line of email will be "Child missing from placement"	NA
PL-4.61.3.2	Message of email will be "Please review information for log number, to determine if this child should be listed on the web."	NA
PL-4.61.3.3	Include log number and name of child in message	NA
PL-4.61.4	Display the message "The Unauthorized Leave Report to the Court/Law Enforcement and the LIEN Missing Person report are being printed. Please pick them up from the printer and distribute."	NA
PL-4.61.5	When looking at a current AWOL placement, allow the option to reprint the LEIN form and the FIA3198A (one copy of each)	NA
PL-4.62	When the child has been located	NA

PL-4.62.1	After ending the AWOL placement and adding the new placement, print the FIA3198B (3 copies).	NA
PL-4.62.2	Send email notifying the MYCU group that the child has been located	NA
PL-4.62.2.1	Subject line of email will be "Child located"	NA
PL-4.62.2.2	Message of email will be "Please review information for, and remove this child from the web."	NA
PL-4.62.2.2.1.1	Include the log number and name of child in message.	NA
PL-4.62.3	Display the message "The Unauthorized Leave Report to the Court/Law Enforcement to remove the child from LIEN are being printed. Please pick them up from the printer and distribute."	NA
PL-4.63	When adding/updating a placement, verify that the height, weight, picture, hair color, eye color and other distinguishing marks have been entered for the child.	NA
PL-4.63.1	If any of the above items are missing, issue a tickler to the primary worker	NA
PL-4.63.2	The tickler due date is in 7 Days	NA
PL-4.64	The tickler will be escalated to the supervisor after 7 days.	NA
PL-5	OUTPUT REQUIREMENTS:	NA
PL-5.1	FIA3185, Youth's Education and Placement record	NA
PL-5.1.1	Placement begin date	NA
PL-5.1.2	Provider Name	NA
PL-5.1.3	Provider Address	NA
PL-5.1.4	Provider telephone number	NA
PL-5.1.5	County of placement	NA
PL-5.1.6	Provider Number	NA
PL-5.1.7	Worker Number	NA
PL-5.1.8	Daily Rate	NA
PL-5.1.9	Education records	NA

PL-5.1.9.1	School name	NA
PL-5.1.9.2	School grade	NA
PL-5.1.9.3	Type of school program	NA
PL-5.1.9.4	Grade begin date	NA
PL-5.2	FIA-91, Victim Rights Notification letter	NA
PL-5.2.1	Victim name and address	NA
PL-5.2.2	Youth's name	NA
PL-5.2.3	Date youth was dismissed from FIA jurisdiction	NA
PL-5.2.4	Worker name and address	NA
PL-5.2.5	Reason for printing the letter (must allow user to select correct box to check)	NA
PL-5.2.5.1	Home Visits	NA
PL-5.2.5.2	Dismissed from FIA jurisdiction	NA
PL-5.2.5.2.1.1	Effective date of dismissal	NA
PL-5.2.5.3	Moved from a secure to non-secure facility	NA
PL-5.2.5.4	Escaped from placement	NA
PL-5.2.5.5	Apprehended and returned to custody	NA
PL-5.3	FIA-69b Notice of Child Replacement	NA
PL-5.3.1	Case Identification box in upper right containing: Case Number, Log Number, Case Name, Worker Load Number, and Worker Name.	P
PL-5.3.2	Previous Caretaker(s) Name and Address, Telephone Number, Foster Home Provider (MPS) Number, Primary Provider (MPS) Number if supervised by private child placing agency.	P
PL-5.3.3	Effective Date of Move	P
PL-5.3.4	New Caretaker(s) Name and Address, Telephone Number, Foster Home Provider (MPS) Number, Primary Provider (MPS) if supervised by private child placing agency	P
PL-5.3.5	Foster Care continues to be appropriate for the following reason(s)	P

PL-5.3.6	Reason(s) for Replacement	P
PL-5.3.7	List the placement Selection Criteria used for the new placement	p
PL-5.3.7.1	If any Placement Selection Criteria are not met, explain why not.	p
PL-5.3.8	Briefly Identify the reason for replacement or termination from family foster care	P
PL-5.3.9	Describe current medicine and/or special medical instructions given to the foster parents at the time of placement	P
PL-5.3.10	Replacement Preparation	P
PL-5.3.11	Supervisory approval prior to replacement (Y/N)	P
PL-5.3.12	Information related to care and supervision shared with	P
PL-5.3.13	Listing of Information shared	P
PL-5.3.13.1	List the date shared for DHS-30 the Relative Caregiver pamphlet was given to the relative if appropriate.	P
PL-5.3.14	Prefill Worker's Name and Date	p
PL-5.3.15	Prefill Supervisor's Name and Date	p
PL-5.4	FIA-69c Notice of Termination from Family Foster Care Placement	NA
PL-5.4.1	Case Identification box in upper right containing: Case Number, Log Number, Case Name, Worker Load Number, and Worker Name.	NA
PL-5.4.2	Previous Caretaker(s) Name and Address, Telephone Number, Foster Home Provider (MPS) Number, Primary Provider (MPS) Number if supervised by private child placing agency.	NA
PL-5.4.3	Effective Date of Move	NA
PL-5.4.4	New Caretaker(s) Name and Address, Telephone Number, Foster Home Provider (MPS) Number, Primary Provider (MPS) if supervised by private child placing agency	NA
PL-5.4.5	Foster Care continues to be appropriate for the following reason(s)	NA
PL-5.4.6	Reason(s) for Termination	NA

PL-5.4.7	Briefly identify the reason for termination from family foster care.	p
PL-5.4.8	Termination Preparation	NA
PL-5.4.9	Information related to care and supervision shared with	NA
PL-5.4.10	Listing of Information shared	NA
PL-5.4.10.1	List date shared for DHS-30	
PL-5.4.11	Summarize services that were provided during care	NA
PL-5.4.11.1	Obtained from Parent/Agency Treatment Plan – Services for this specific child that may have been completed	NA
PL-5.4.11.1.1.1	The information to be included is: Need, Service Type, Start Date, End Date, Service Status and Service Evaluation.	p
PL-5.4.12	Summarize services currently being provided	NA
PL-5.4.12.1	Obtained from Parent/Agency Treatment Plan – Services for this specific child that have not been completed	NA
PL-5.4.12.1.1.1	The information to be included is: Need, Service Type, Start Date, End Date, Service Status and Service Evaluation.	p
PL-5.4.13	List services and needs still to be met	NA
PL-5.4.13.1	Obtained from Parent/Agency Treatment Plan – Services for this specific child that have not been started or are not available	NA
PL-5.4.13.1.1.1	The information to be included is: Need, Service Type, Start Date, End Date, Service Status and Service Evaluation.	p
PL-5.4.14	Was medical information give to parents for next placement: Yes/No	NA
PL-5.4.15	Was termination explained to all parties: Yes/No	NA
PL-5.4.16	If termination is unplanned, summarize the reasons and circumstances surrounding the termination.	NA
PL-5.4.17	Prefill Worker's Name and Date	NA
PL-5.4.18	Prefill Supervisor's Name and Date	NA

PL-5.5	Determination of Care Justification	NA
PL-5.5.1	If the foster parents are receiving a Determination of Care Supplement, the following is a description of the activities that justify this supplement.	NA
PL-6	MISCELLANEOUS REQUIREMENTS:	NA
PL-6.1	Data warehouse	NA
PL-6.2	The following help definition must be added for the Placement Information Tab	NA
PL-6.2.1	The following must be addressed:	NA
PL-6.2.1.1	Describe the foster parent/ kinship caregiver's relative's willingness and capacity to meet the specified needs of this child, and	NA
PL-6.2.1.2	Why the current placement is in the child's best interests	NA
PL-6.2.1.3	Any changes in the placement household during the review period. If there have been changes and new adults have moved into the placement household, include the results of central registry and criminal records checks. These checks must be completed quarterly as long as these adults reside in the home.	NA
PL-6.3	The following help definition must be added for the Discipline/Supervision Tab	NA
PL-6.3.1	The following must be addressed:	NA
PL-6.3.1.1	Describe the discipline and child handling techniques to be used while the child is in placement.	NA
PL-6.3.1.2	Describe the plan of supervision for the child while in placement.	NA
PL-6.3.1.3	Describe the plan for acceptable activities for the child such as babysitting, routine household tasks, privileges, etc.	NA
PL-6.3.1.4	If the youth is age 14 or older, detail the independent living preparation activities the foster parent/ kinship caregiver relative will provide to assist the youth.	NA
PL-6.4	The following help definition must be added to the Residential Care Tab	NA
PL-6.4.1	The following must be addressed for the child in residential care:	NA

PL-6.4.1.1	Describe reasons for residential care.	NA
PL-6.4.1.2	Identify the plan for services that will allow the youth to be placed in a less restrictive setting.	NA
PL-6.4.1.3	If the youth is 10 years of age or over and is placed in a residential or institutional setting, the worker should document if Wraparound or Assisted Care efforts were made to prevent the custodial placement.	NA
PL-6.4.1.4	If the youth under age 10 is placed in a residential or institutional setting, the worker must document the Wraparound or Assisted Care efforts made to prevent the custodial placement.	NA
PL-6.4.1.5	If no services provided, explain why not.	NA

5 EXAMPLE OUTPUT

Gather and include the forms and letters generated by this module. If possible, mark up the examples to explain the data fields to show the source or whether or not it is required.

CIS SERVICES TRANSITION DOCUMENT

Complete as needed for case opening, case changes, or case closing.

1. Transaction Number		2. Case Number		3. Case Name		4. Reg. Pend.		5. Co. Code		6. Neg Date		Code		7. PA Effect		8. PA-S SA-S FS CC SP CH													
9. Service Open		10. Service Close		11. Redt Date		12. Quarterly Date		13. Serv. Elig.		14. Target Gp		15. Fed Goal		Status		16. P1 P2 P3 P4 P5 P6 P7 P8 P9		17. Methodology Indicator											
18. Specialist		19. FS Worker		20. CH Worker		21. Serv Worker 1		22. Serv Worker 2		23. Serv Worker 3		24. Serv Worker 4		25. Serv Worker 5		26. Grant													
27. CYS Data		28. Placement Date		29. Commitment		30. Court Indicator Cd		31. Referral Source		32. Acceptance Date		33. Productivity Status		34. Funding Source		35. HDCCP		36. Adoption											
a. Living Arrngmt.		b. Primary Prov. ID		a. County		b. Date		c. Offense										a. Type b. Suffix											
37. Foster Care Event				38. Arrest Date						39. Closing Code																			
40. Previous Case Number		41. 2nd Provider ID		42. Supervising Agency Ind.		43. Security Level		44. Security Override		45. Pre-Assessment		46. Post-Assessment																	
47. Case Name		48. In Care Of		49. Street		50. City, State, Zip		t1. TYP		51a. 3rd Party Payee		3rd Party in Care Of		3rd Party Street		3rd Party City, State, Zip													
52. Recip Name (Grantee)		a. Client ID		b. Birth Dt		c. Sex		d. Race		e. SSN		f. SS Claim		g. PA-S SA-S FS CC SP CH		h. SV		i. SP		k. RSDI		l. Hours		m.		n.		o. SSI	
53. Medicaid Eligibility for person in 52 above.		a. Open Code		b. Redet Dt		c. Pama		d. Status		e. Recipient PA-S		f. Person Status		g. MA Begin Date		h. MA End Date		i. Scope Coverage		j. Other Insurance		k. Eligibility Status		l. Mother Status		m. Father Status		n. Citizenship Code	
54. Recip Name		a. Client ID		b. Birth Dt		c. Sex		d. Race		e. SSN		f. SS Claim #		g. PA-S SA-S FS CC SP CH		h. SV		i. SP		k. RSDI		l. Hours		m. Earned		n. Other		o. SSI	
55. Recip Name		a. Client ID		b. Birth Dt		c. Sex		d. Race		e. SSN		f. SS Claim #		g. PA-S SA-S FS CC SP CH		h. SV		i. SP		k. RSDI		l. Hours		m. Earned		n. Other		o. SSI	
56. Recip Name		a. Client ID		b. Birth Dt		c. Sex		d. Race		e. SSN		f. SS Claim #		g. PA-S SA-S FS CC SP CH		h. SV		i. SP		k. RSDI		l. Hours		m. Earned		n. Other		o. SSI	
57. Reason issued (completed for turnaround FIA-5S)																													
58. Worker Signature																													
59. Date																													

FIA-5S (Rev. 2-98) Crystal Reports (SWSS App.)

**YOUTH'S PLACEMENT AND
EDUCATIONAL RECORD**
Michigan Family Independence Agency

Case Name: [REDACTED] Stacy				
Case Number: [REDACTED]		Log# 79796	Date: 10/11/1999	
County 39	District 00	Unit 65	Worker 01	Other ID (As Required)

Date 11/06/1998	Placement Kentwood Campus	Address [REDACTED]	Phone [REDACTED]	Co 41	Provider No. 6357212	Worker 3900006501	Rate
Date 09/27/1997	School CCI ON-GROUNDS	Grade Eleventh	Type of School Program REGULAR				

Date 07/27/1998	Placement The Childrens Campus	Address [REDACTED]	Phone [REDACTED]	Co 0	Provider No. 5245258	Worker	Rate
Date 09/27/1997	School CCI ON-GROUNDS	Grade Eleventh	Type of School Program REGULAR				

Date 09/30/1996	Placement Lakeside	Address [REDACTED]	Phone [REDACTED]	Co 39	Provider No. 6357061	Worker	Rate
Date 09/27/1997	School CCI ON-GROUNDS	Grade Eleventh	Type of School Program REGULAR				

Date 07/27/1998	Placement The Childrens Campus	Address [REDACTED]	Phone [REDACTED]	Co 0	Provider No. 5137125	Worker	Rate
Date 09/27/1997	School CCI ON-GROUNDS	Grade Eleventh	Type of School Program REGULAR				

Date 09/13/1996	Placement	Address	Phone	Co	Provider No.	Worker	Rate
Date	School	Grade	Type of School Program				

Date 01/05/1996	Placement Youth Guidance Foster	Address [REDACTED]	Phone [REDACTED]	Co 13	Provider No. 6355942	Worker	Rate
Date	School	Grade	Type of School Program				

Board Members

STATE OF MICHIGAN



322 E. Stockbridge
Kalamazoo, MI 49001

JOHN ENGLER, Governor

FAMILY INDEPENDENCE AGENCY

DOUGLAS E. HOWARD, Director
October 01, 1999

Dear Semour B:

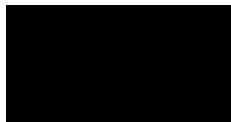
In accordance with the Crime Victim's Rights Act of 1985, as amended, and as you have requested notification of change in circumstances involving [REDACTED]

The Family Independence Agency is advising you of the following:

- ☐ Home visits, which are part of the youth's treatment, are planned. You may obtain additional information by contacting the case manager identified below.
- ☐ The youth has been dismissed from the Family Independence Agency's jurisdiction effective .
- ☐ The youth has been moved from a secure to a non-secure facility.
- ☐ The youth has escaped from placement.
- ☐ The youth has been apprehended and returned to custody.

In the event the youth has left custody without authority, please be assured that the escape has been reported to the appropriate law enforcement officials so that the youth's name is placed on the Law Enforcement Information network (LEIN). You will also be notified once apprehension occurs.

Sincerely,



The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.

FIA-91 (SWSS facsimile)

COUNTY BOARD

STATE OF MICHIGAN

322 E. Stockbridge
Kalamazoo, MI 49001



John Engler, Governor

FAMILY INDEPENDENCE AGENCY

DOUGLAS E. HOWARD, Director

CONDITIONS OF PLACEMENT AGREEMENT
Michigan Family Independence Agency

- I.** I understand that living at GREEN OAK CENTER is subject to my compliance with the following conditions and that I may be removed from this placement if I violate any of these conditions. Therefore, I agree to the following conditions:
- A. To be a responsible individual by obeying the laws of the state, county and the city in which I live.
 - B. To be a responsible member of my community and to obey the rules and/or reasonable regulations of GREEN OAK CENTER where I live, and/or as set forth by my worker.
 - C. To be a productive person by being involved in school, work, or training or any combination on a regular basis.
 - D. To meet the special conditions set by the Court of Jurisdiction and/or meet the special conditions set by my worker.

These special conditions are:

- 1. be good

- II.** If the above conditions are met, the Family Independence Agency will allow me to remain at GREEN OAK CENTER. I understand that my failure to comply with the above listed conditions may result in a Court of Jurisdiction hearing and/or a change of placement.
- III.** As parent(s) of Mandrell Lee, we agree to these conditions and will support him/her in following them. We will contact the worker in the event these conditions are not fulfilled.
- IV.** As your worker, I agree to meet with you 2 times a week for purposes of assisting you to meet the preceding conditions.

I have read the conditions of placement and understand them completely.

Signed,

(Ward)

(Date)

(Ward's Parents – as appropriate)

(Date)

(Ward's Parents – as appropriate)

(Date)

(Worker)

(Date)

Dave Fisher
322 E. Stockbridge
Kalamazoo, MI 49001
(517)241-7983

(Placement Representative – as appropriate)

(Date)

COPY DISTRIBUTION

- Case File
- Youth's Copy
- Parent's and/or Placement Representative's Copy

FIA-767 (Rev. 1-93) Previous edition obsolete.

COUNTY BOARD

STATE OF MICHIGAN

'322 E. Stockbridge' + chr(13) +
'Kalamazoo' + ',' + 'MI' + ' ' + '49001'



John Engler, Governor

FAMILY INDEPENDENCE AGENCY

'DOUGLAS E. HOWARD, Director'

October 1, 1999

Brandon Noordhof
8888 Front,

INDEPENDENT LIVING AGREEMENT

- I. In order to be approved for independent living and to continue to receive independent living benefits, I, Brandon Noordhof agree to the following conditions:
- A. To be a responsible individual and to obey the laws of the state, county, and the city where I live.
 - B. To always let my worker know where I live and approve my living situation.
 - C. To be employed on a regular basis or attend a school or vocational program on a regular basis.
 - D. To meet with my worker monthly.
 - E. To meet the following special conditions and goals for my employment or education program as outlined by my worker:
 - 1. Will continue to attend school.
 - 2. will not frequent establishments that sell alcohol
 - 3. no alcohol or drugs in household, no personal use of alcohol and or illegal substances. No tobacco
 - 4. Dusk curfew unless at place of employment (on duty)
 - 5. will not possess a paging device, no weapons, no gang clothing,
- II. If the above conditions are met, I, 'Tom' Schroeder will:
- A. Arrange for an Agency independent living allowance, if appropriate, to be received every two weeks. The allowance will start no sooner that 15 days before the date you begin employment or school.
 - B. Provide employment counseling and support services for you. This may include assistance with clothing and transportation when you begin employment.
 - C. Arrange on-the-job assistance for you and services for you and your employer if problems arise.
 - D. Meet with you monthly for purposes of assisting you to meet the conditions of this agreement.
 - E. Provide or arrange other necessary support services.
 - F. Attach shelter verification items, first month budget, and extent of budget responsibilities.

I understand that I must arrange to see my worker in person at least monthly. I also understand that, if I do not meet all of the above conditions, my independent living status and/or allowance may be terminated immediately.

Client _____

Date _____

Worker _____

Date _____

'Tom' + ' ' + 'Schroeder'
'322 E. Stockbridge' + chr(13) + 'Kalamazoo' + ' ' + 'MI' + ' ' + '49001' + chr(13) +
'(517)241-7982'

Supervisor _____

Date _____

cc: Youth case file

Printed October 1, 1999 @ 2:36 PM

The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act., you are invited to make your needs known to an FIA office in your county.

6 DATA ELEMENT DESCRIPTIONS

A table of all the data elements entered within this module. For each item, describe its range of acceptable values. Designate items as being required for ASSIST, CIS, LICENSING or AFCARS (and any combination thereof)

ELEMENT NAME	DESCRIPTION	TYPE - Alpha, numeric, A/N	SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	CIS/ASSIST AFCARS/ LICENSING out put doc.
Provider Type / Placement				One of the following must be chosen / required	
FIA supervised	Radio button		1	Conditional	N/A
CPA supervised	Radio button		1	Conditional	N/A
Foster Home	Radio button		1	Conditional	N/A
Borrowed bed	Radio button		1	Conditional	N/A
Child Care Institution	Radio button		1	Conditional	N/A
Unlicensed	Radio button		1	Conditional	N/A
Will payment be made?	Radio buttons	Yes / no	1	Conditional	N/A
Out of State	Radio button		1	Conditional	N/A
MI relative	Radio button		1	Conditional	N/A
Own home	Radio button		1	Conditional	N/A
Independent living	Radio button		1	Conditional	N/A
Insurance / MA	Radio button		1	Conditional	N/A
Adoptive Home	Radio button		1	Conditional	N/A
Place the child in the same placement as the companion case	Check box		1	Conditional	N/A
Unlicensed / Unpaid Provider Screen					
Member list	Pick list	Alpha	Text	Conditional – if provider has been entered in member info. Details will pre-fill here	N/A
Caretaker Family structure	Pick list	Alpha	Text	Required	AFCARS

ELEMENT NAME	DESCRIPTION	TYPE - Alpha, numeric, A/N	SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	CIS/ASSIST AFCARS/ LICENSING out put doc.
Provider Last name		Alpha	Text	Required	N/A
Provider First name		Alpha	Text	Required	N/A
Provider middle initial		Alpha	1	Optional	N/A
Provider date of birth	Date	Numeric	8	Required	AFCARS
Gender		Male / female	1	Required	N/A
SSN		Numeric	9	Required	N/A
Race	Pick list	Alpha	Text	Required	AFCARS
Hispanic / Latino ethnicity	Pick list	Alpha	Text	Required	AFCARS
Provider address		Alpha / numeric	Text	Required	N/A
Supplemental street address		Alpha / numeric	Text	Optional	N/A
City		Alpha	Text	Required	N/A
State	Pick list	Alpha	2	Required	N/A
Zip code		Numeric	5	Required	N/A
Zip + 4		Numeric	4	Optional	N/A
If Non-USA address					
Province		Alpha	Text	Conditional	N/A
Country		Alpha	Text	Conditional	N/A
Provider Phone number		Numeric	10	Optional	N/A
Alternate phone number		Numeric	10	Optional	N/A
2 nd Provider Last name		Alpha	Text	Conditional on Family Structure	N/A
2 nd Provider First name		Alpha	Text	Conditional on Family Structure	N/A
2 nd Provider middle initial		Alpha	1	Conditional on Family Structure	N/A
2 nd Provider date of birth	Date	Numeric	8	Conditional on Family Structure	AFCARS
2 nd Provider Gender		Male / female	1	Conditional on Family Structure	N/A
2 nd Provider SSN		Numeric	9	Conditional on Family Structure	N/A
2 nd Provider Race	Pick list	Alpha	Text	Conditional on Family Structure	AFCARS
2 nd Provider Hispanic /	Pick list	Alpha	Text	Conditional on Family Structure	AFCARS

ELEMENT NAME	DESCRIPTION	TYPE - Alpha, numeric, A/N	SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	CIS/ASSIST AFCARS/ LICENSING out put doc.
Latino ethnicity					
Placement Data Screen					
Placement begin date	Date	Numeric	8	Required	CIS 5S
Placement end date	Date	Numeric	8	Conditional – required to end placement and add another	CIS 5S
Living arrangement	Pick list	Alpha / numeric	2 + text	Required	CIS 5S
Funding source	Pick list	Alpha / numeric	1 + text	Required	CIS 5S
Funding source effective date	Date	Numeric	8	Required	N/A
For Juvenile Justice cases:					
Security level	Pick list	Alpha	Text	Required	CIS 5S
Override	Radio button	Yes / no	1	Required	N/A
Override Reason	Pick list	Alpha / numeric	1 + text	Conditional	N/A
For Unlicensed placements only:	Question: Is family receiving FIP for this child?	Yes / no	1	Conditional	N/A
For Adoption Placements only:					
Adoption placement date	Date	Numeric	8	Required	CIS 5S
Type of subsidy	Pick list	Alpha / numeric	1 + text	Conditional	N/A
Adoption type / origin	Pick list	Alpha / numeric	1 + text	Required	N/A (AFCARS always reports a value of 1)
Placed by	Pick list	Alpha / numeric	1 + text	Required	N/A (AFCARS always reports a value of 1)
Contact name		Alpha	Text	Optional	N/A
Contact phone		Numeric	10	Optional	N/A

ELEMENT NAME	DESCRIPTION	TYPE - Alpha, numeric, A/N	SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	CIS/ASSIST AFCARS/ LICENSING out put doc.
number					
Adoptive Parent Information				If adoptive parents have been entered in Member info. Details will pre-fill	
Adoptive Family structure	Pick list	Alpha	Text	Required	N/A
Provider Last name		Alpha	Text	Required	N/A
Provider First name		Alpha	Text	Required	N/A
Provider middle initial		Alpha	1	Optional	N/A
Provider date of birth	Date	Numeric	8	Required	AFCARS
Gender		Male / female	1	Required	N/A
SSN		Numeric	9	Required	N/A
Race	Pick list	Alpha	Text	Required	AFCARS
Hispanic / Latino ethnicity	Pick list	Alpha	Text	Required	AFCARS
Provider address		Alpha / numeric	Text	Required	N/A
Previous relationship to child	Pick list	Alpha	Text	Required	N/A
Supplemental street address		Alpha / numeric	Text	Optional	N/A
City		Alpha	Text	Required	N/A
State	Pick list	Alpha	2	Required	N/A
Zip code		Numeric	5	Required	N/A
Zip + 4		Numeric	4	Optional	N/A
If Non-USA address					
Province		Alpha	Text	Conditional	N/A
Country		Alpha	Text	Conditional	N/A
Provider Phone number		Numeric	10	Optional	N/A
Alternate phone number		Numeric	10	Optional	N/A
2 nd Provider Last name		Alpha	Text	Conditional on Family Structure	N/A

ELEMENT NAME	DESCRIPTION	TYPE - Alpha, numeric, A/N	SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	CIS/ASSIST AFCARS/ LICENSING out put doc.
2 nd Provider First name		Alpha	Text	Conditional on Family Structure	N/A
2 nd Provider middle initial		Alpha	1	Conditional on Family Structure	N/A
2 nd Provider date of birth	Date	Numeric	8	Conditional on Family Structure	AFCARS
2 nd Provider Gender		Male / female	1	Conditional on Family Structure	N/A
2 nd Provider SSN		Numeric	9	Conditional on Family Structure	N/A
2 nd Provider Race	Pick list	Alpha	Text	Conditional on Family Structure	AFCARS
2 nd Provider Hispanic / Latino ethnicity	Pick list	Alpha	Text	Conditional on Family Structure	AFCARS
Tribal name		Alpha	Text	Conditional – required if child was placed for adoption by a tribal agency	N/A
AWOL living arrangement					
Notify victim by	Radio buttons	Letter / phone	Text	Conditional	Printed on letter – if selected
Date	Date	Numeric	8	Conditional	Printed on letter – if selected
Notify court and request pick up order	Radio buttons	Yes / no	1	Conditional	N/A
Date	Date	Numeric	8	Conditional	N/A
Notify parents by	Radio buttons	Letter / phone	Text	Conditional	Printed on letter – if selected
Date	Date	Numeric	8	Conditional	Printed on letter – if selected
If youth is apprehended:					
Notify victim by	Radio buttons	Letter / phone	Text	Conditional	Printed on letter – if selected
Date	Date	Numeric	8	Conditional	Printed on letter – if selected
Notify court	Radio buttons	Yes / no	1	Conditional	N/A

ELEMENT NAME	DESCRIPTION	TYPE - Alpha, numeric, A/N	SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	CIS/ASSIST AFCARS/ LICENSING out put doc.
Petition for violation of probation					
Notify parents by	Radio buttons	Letter / phone	Text	Conditional	Printed on letter – if selected
Date	Date	Numeric	8	Conditional	Printed on letter – if selected
Notify facility director	Radio buttons	Yes / no	1	Conditional	N/A
Date	Date	Numeric	8	Conditional	N/A
Notify for court hearing	Radio buttons		1	Conditional	N/A
Notify facility director regarding prosecution	Radio buttons	Yes / no	1	Conditional	N/A
Return to:	Radio buttons: Placement / new placement	Alpha	Text	Conditional	N/A
Start or Stop Payments	Radio buttons	Alpha	Text	Conditional	N/A
Cancel LEIN					

7 HELP MESSAGES

There are to be three levels of help available: Screen, which describes how the process for the current module is supposed to work, Context-Sensitive, which describes a particular data field on the screen, and Status Panel, which offer hints about the field or command button with the current focus.

7.1 SCREEN (Section or Module level. Offers an entry point to the big help file.)

7.2 CONTEXT-SENSITIVE (“F1”, aka “detail”)

7.3 STATUS PANEL MESSAGES (formerly known as “Field Level” and “Baby” before that.)

Module: Placement

Field	<i>New Message</i>
Child Data (panel title)	
Type of Provider (panel title)	
Supervising Agency	
FIA	Select if FIA is supervising
CPA	Select if child placing agency is supervising
Foster Home	Select if placement is a licensed foster home
Borrowed Bed	Select if borrowed bed
Own Home	Select if placement is own home
Child Caring Institution	Select if placement is child caring institution
Independent Living	Select if placement is independent living
Unlicensed	Select if placement is unlicensed
Has Payment been made? - Yes	Select if payment has been made
Has Payment been made? - No	Select if payment has not been made
Michigan Relative	Select if Michigan relative
Out of State	Select if out of state
Relative	Select if relative
Foster Home	Select if foster home
CPA	Select if child placing agency
CCI	Select if child caring institution
Medical/Psychiatric Hospital	Select if Medical/Psychiatric Hospital placement
Adoptive Placement	Select if Adoptive placement

Prefill with last Placement? - Yes	Select to prefill with last placement
Prefill with last Placement? - No	Select if not prefilling with last placement
FIA	Select if FIA
Private Agency	Select if private agency
Birth Parent	
Place the child in the same placement as the companion case	Select if birth parent
Select companion	Select if applicable
Find Provider (button)	Select companion
Add Placement (button)	Select to go to Provider
Main Menu (button)	Select to add placement
Payment (button)	Select to go to Main Menu
FIA Supervised Independent Living (panel title)	Select to go to Payment
Youth's Current Address (panel title)	
Address	
(supplemental address field)	Enter street address
City	Enter supplemental address
Province	Enter city
State	Enter province
Zip Code	Select state
Zip + 4	Enter zip code
Phone	Enter additional 4 digits, if known
Alt. Phone	Enter area code and telephone number
Phone	Enter alternate phone number
Alt. Phone	Enter telephone number
U.S. Address?	Enter alternate phone number
Yes	
No	Select if U.S. address
Is this a new address? – Yes	Select if not a U.S. address
Is this a new address? - No	Select if new address
Previous (button)	Select if not a new address
Next (button)	Select to go back without saving changes
Licensed Foster Home (panel title)	Select to go to next screen
Contact Person - Yes	
Contact Person - No	Select if provider/agency has a contact person

Contact Name	Select if provider/agency does not have a contact person
Contact phone	Enter contact name
Unlicensed Provider (panel title)	Enter area code and telephone number
Select Member	
Family Structure	Select member
Last Name	Select family structure
First Name	Enter last name
M.I.	Enter first name
DOB	Enter middle initial
Sex	Enter date of birth (MM/DD/YYYY)
Male	
Female	Select if male
SSN/Federal ID#	Select if female
Race	Enter Social Security Number/Federal ID number
Hispanic Ethnicity	USE COMMON RACE MESSAGES – current screen in “old” format
Last Name	Select to identify Hispanic or Latino ethnicity status
First Name	Enter last name
M.I.	Enter first name
DOB	Enter middle initial
Sex	Enter date of birth (MM/DD/YYYY)
Male	
Female	Select if male
SSN/Federal ID#	Select if female
Race	Enter Social Security Number/Federal ID number
Hispanic Ethnicity	USE COMMON RACE MESSAGES – current screen in “old” format
Address	Select to identify Hispanic or Latino ethnicity status
(supplemental address)	Enter street address
U.S. Address?	Enter supplemental address
Yes	
No	Select if U.S. address
City	Select if not a U.S. address
Province	Enter city
Country	Enter province
State	Enter country
Zip Code	Select state
extra box for zip	Enter zip code
Phone	Enter additional 4 digits, if known

Alt. Phone	Enter area code and telephone number
County	Enter alternate phone number
Zip Code	Select county
Phone	Enter zip code
Alt. Phone	Enter telephone number
Placement Data (panel title)	Enter alternate telephone number
Placement Begin Date	
Placement End Date	Enter date placement began (MM/DD/YYYY)
Living Arrangement	Enter date placement ended (MM/DD/YYYY)
Funding Source	Select living arrangement
Was the child removed from the home as the result of a new petition? – Yes	Select funding source
Was the child removed from the home as the result of a new petition? – No	Select if applicable
Generate Foster Care Action Summary	Select if not applicable
Child Replacement	CURRENTLY UNDER REVIEW BY POLICY
Termination from Foster Care	CURRENTLY UNDER REVIEW BY POLICY
Generate Juvenile Justice Action Summary	CURRENTLY UNDER REVIEW BY POLICY
Child Replacement	CURRENTLY UNDER REVIEW BY POLICY
Termination from Foster Care	CURRENTLY UNDER REVIEW BY POLICY
	CURRENTLY UNDER REVIEW BY POLICY
View Removal Conditions –Yes	
View Removal Conditions - No	Select to view removal conditions
Removal Conditions (pop up screen)	Select to not view removal conditions
Is family receiving FIP for the child? – Yes	
Is family receiving FIP for the child? – No	Select if family is receiving FIP
Generate Independent Living Agreement	Select if family is not receiving FIP
Include Living Agreement Comments	

Generate Conditions of Placement Agreement	Select to generate independent living agreement
Special Condition #1	Select to include living agreement comments
Special Condition #2	Select to enter conditions of placement agreement
Special Condition #3	Enter special conditions
Special Condition #4	Enter special conditions
Special Condition #5	Enter special conditions
Please enter frequency of meetings with youth	Enter special conditions
Done (button)	Enter special conditions
Security Level (panel title)	Enter frequency of meetings
Initial Security Level	Select to save and return to Placement
Was there an override used? – Yes	
Was there an override used? – No	Select initial security level
Override Reason	Select if an override was used
Placement History (panel title)	Select if an override was not used
Print FIA – 3185 (button)	Select reason for override
Add (button)	
Update/View (button)	Select to print
Main Menu (button)	Select to add a placement
Payment (button)	Select to update/view a placement
	Select to go to Main Menu
	Select to go to Payment

8 MODULE DEPENDENCIES

What data must be entered in other modules before this module can be used?

The Funding Determination Section must be completed before the Placement Section. The fund source determined in the Funding Section may be affected by the living arrangement and placement. .

The federal goal chosen in the Child Information section needs to be consistent with the living arrangement.

What changes in data within other modules effect this module?

Changes in either the Legal or Funding section can affect the funding source identified in placement.

Whether a payment authorization, 626, has been generated from SWSS will be displayed on the placement history screen.

The date of birth entered in Case Registration will determine if a youth is eligible for certain living arrangements; e.g. independent living, training schools, etc.

For foster care cases, foster care event must be consistent with the living arrangement.

The living arrangement determines whether the MA case can remain open or must be closed.

9 SCENARIOS

The requirements scenarios that call for data entered by this module. This is just a cross reference into the

10 TEST PLANS

The updated test plans written by the Program Office and/or the developer to verify the correctness of the finished application.

11 SOURCE MATERIAL

11.1 Original Requirement

5.1.1 Adoption

CHILDREN'S SWSS REQUIREMENTS FORM

Assigned Policy Analyst:	Melissa M. Lonsberry
Date Received By BuIS:	3-28-97
Requirement # (from BuIS):	F-52D

ADOPTIVE PLACEMENT SCREEN

1. **BUSINESS PROCESS.** Describe the current business process for the requested enhancement. Be specific. Include all forms, documents, letters, and services manual policy related to the procedure. Prior to the completion of this form, discuss this process with the pilots to determine how this procedure is done in their county. Resolve discrepancies and work out any conflicts with current policy.

Currently there are no adoption screens used in the SWSS application or in the pilot counties. The adoptive placement information is kept in the adoption file and is maintained by the adoption worker. Information collected on this screen is required on the FIA 133 & 5S.

Several data elements on the adoptive parents are required for AFCAR data reporting.

2. **SWSS INTEGRATION.** Describe how this process should be integrated into the SWSS application. If applicable, list preceding and subsequent screens to help define system flow. Also include a flow chart whenever possible.

This screen follows the Adoption Child Data screen in the adoption opening system flow. It is followed by the Legal Information Screen and the Adoption Household Members screen. The Adoption Placement screen should also be able to be accessed individually.

This screen is only accessible by the adoption worker *after* the child's foster care case has been closed.

Only information on the approved adoptive parents is entered on this screen.

3. **DATA ELEMENTS.** List and define each input element. Include tables when applicable. If available, use CIS or PSMIS definitions. Use Word document DATAFRM.DOC. Attach completed document to this form.

A mock up of the screen, data elements and edits begin on the following page.

Adoptive Placement Screen:

Element Name	Length	Element Description
Case Name		Display only. Child's adoptive name. Prefill from Adoptive Child Data screen.
Case number		Display only. Case number received from CIS/CSMIS. Prefill from Adoptive Child Data screen.
Log number		Display only. Log number assigned to adoption case by SWSS. Prefill from Adoptive Child Data screen.
Child's DOB		Display only. Child's date of birth. Prefill from Adoptive Child Data screen.
Age at Placement		Display only. Displays age system calculated from birth date.
Client ID # (Recipient ID)		Display only. Prefills from Client ID entered on Adoption Child Data screen.
Sex		Display only. Prefills from adoption child data screen.
Race		Display only. Prefills from adoption child data screen.
Legal Status		Display only. Prefills from adoption child data screen.
Foster Parent Adoption? Y/N	1A	Is the adoptive placement the current foster parent(s) of the child? The entry of a "Y" in this field should prompt the system to display a pop up box which asks: "Prefill with last Foster Parent placement? Y/N". (Prefilled with N.) If Y is selected, then the system prefills the foster parent(s) name(s), address and identifying information from the Foster Care Placement Screen in the appropriate fields. HELP: If the Foster Parent(s) is/are a licensed relative placement, and the licensed Foster Care Placement screen was used, check "Y" here. In the Previous Relation of Adoptive Placement to Child? field, select the appropriate relative type. The placement will be reported to AFCARS as a relative adoption, not a foster parent adoption. EDIT: If "Y" checked, then Relative Placement adoption must be "N".
Relative Placement Adoption? Y/N	1A	HELP: Is the adoptive placement the current relative placement of the child? The entry of a "Y" in this field should prompt the system to display a pop up box which asks: "Prefill with last relative placement? Y/N". (Prefilled with N.) If Y is selected, then the system prefills the name(s), address and identifying information from the Foster Care Placement Screen in the appropriate fields. EDIT: If "Y" checked, then Foster Parent adoption must be "N".

Adoptive Family Structure	1N	<p>AFCARS ELEMENT #22. Required field. Select the category that best describes the nature of the adoptive parent(s) family structure. Use afcar codes shown below:</p> <ol style="list-style-type: none"> 1. Married couple, 2. Unmarried couple, 3. Single female, 4. Single male. <p>POLICY: Adoption currently uses a similar system for their adoption suffix codes for the 5S and 133. The adoption suffix codes are: 1 two parent adopting, single parent adopting, 3 two foster parent adopting, 4 single FP adopting, 2 relative adopting, single relative adopting. H. Hofstra has approved this Policy change.</p> <p>EDIT: If the worker selects a married couple as the family structure, then both name groupings are required. Likewise, if they chose a single parent, then only the first name grouping need be filled out.</p>
County of Commitment	2N	Display Only. County that child was committed in. Duh. Prefills from Foster Care Legal Information screen.

Child Placed By	1N	<p>AFCARS ELEMENT #34. Required field. Use the AFCARS Codes listed below:</p> <ol style="list-style-type: none"> 1. Public Agency (FIA) 2. Private Agency (POS) 3. Tribal Agency 4. Independent person 5. Birth Parent (Direct Consent) <p>numeric codes.</p> <p>If worker chose #1, system reports FIA and displays Family Independence Agency next to AGENCY NAME field.</p> <p>If the worker selected #2 or #3, a pop-up box displays enabling them to select a contracted agency or tribal agency from a list (if possible). A field for contact person name and telephone number. This would necessitate access to the FC Provider list.</p> <p>If they selected #4 a pop up box the worker could enter the person's information.</p> <p>AFCARS ELEMENT #04 - State Agency Involvement in Adoption.</p> <p>If "1" or "2" selected for "Child Placed By" field then "01 - yes" is to be reported for State Agency involvement.</p> <p>See also Relationship of Adoptive Parent to Child? field, below for other consistency checks.</p>
Agency Name	30AN	Display only field. Name of agency displays based on previous field selection. IF #4 display: Placed by Birth Parent. If #5, display: placed by Independent Person.
License #	11A/N	If #2 is selected for Child Placed By: field, then the license # of the Placing agency should prefill here after the worker selects name from Provider List. <i>Does not Display if not a POS provider.</i>
Placing Agency County	2N	If #1 Public Agency (FIA) is selected and FIA is displayed for agency name, then select county number for this field. Could prefill with worker's county number and allow for changes.
Adoption Type and Origin	1N	<p>Required for CISMIS/CIS. Prints on 133 and 5S.</p> <ol style="list-style-type: none"> #1 - In County Placement - FIA; #2 - In County Placement - Purchase; #3 - Other County Placement - FIA; #4 - Other County Placement - Purchase; #5 - Inter-state Adoption - FIA; #6 - Interstate Adoption - Purchase; #7 - Inter-county Adoption - FIA; #8 - Inter-county Adoption - Purchase. <p>NOTE: This code may be helpful to track interstate adoptions and inter-county adoptions.</p>
Adop Placement Date	8A/N	Date child placed in this home. Usually the date the Order Placing Child was done in court. Prefill from the Order Type date field on the legal screen. Edit: If Order Type equals 18 - <i>Order Placing Child After</i>

		<i>Consent</i> , then prefill this field with the date entered into the Order Date field on the Legal Information screen.
Living Arrangement	02N	Prefill with CISMIS code - 04 Adoptive Home, but allow for changes. Required for 133 and 5S. Allow for changes. Please refer to C. Kraklan's FC Placement requirements for the CIS Living Arrangement code table. EDIT: Goal must = adoption, Legal code = 43 - CT. ward supervised adoption. If legal code and goal changes, living arrangement must change. If goal or living arrangement or legal status changes due to disruption, system should prompt worker "Close Adoption Case"? Y/N and then be taken to the case closing screen.
Adoption Placement Date	8N	Date Order to Place Child filed in court. Prefill from Order Type Date field if Order type equals 18 Order to Place Child. Allow for changes if child not actually placed that date.(MM/DD/YYYY)
Adoptive Parents Names		EDIT: <i>If the adoptive family structure (AFCAR Element #22) is married couple, unmarried couple or single female then adoptive mother data should be entered first.</i> <i>If family structure = single male or single female, then only one name group is required.</i>
Last Name Adoptive MOTHER	20AN	Last name of first approved adoptive mother. Required field. EDIT: If Y was entered for FOSTER PARENT ADOPTION field, prefill with last name of foster parent from Foster Care Placement Screen.
First name	15AN	First name of first approved adoptive mother. Required field if last name is entered. EDIT: If Y was entered for FOSTER PARENT ADOPTION field, prefill with first name of foster parent from Foster Care Placement Screen.
MI	1AN	Middle initial of first adoptive mother. EDIT: If Y was entered for FOSTER PARENT ADOPTION field, prefill with middle initial of foster parent from Foster Care Placement Screen.
DOB	8N	Date, Month and year adoptive mother was born. MM/DD/YYYY format. AFCAR Element #23. Required Field. Edit: The child's date of birth (AFCARS Element #5 - Child Data Screen) must be later than both the (birth and adoptive)Mother's and Fathers' year of birth, unless either of these are unknown.
SEX	1A	F = Female; M = Male. Required field.

RACE		<p>AFCAR Element # 25. Use AFCAR race codes. Required Field. (Refer to L. Hunsberger's Assist Registration Specifications for further clarification)</p> <p>Def: A person's race is defined by how others define them or by how they define themselves.</p> <p>0 - Not applicable</p> <p>1 - White</p> <p>2 - Black</p> <p>3 - American Indian/Alaskan Native</p> <p>4 - Asian/Pacific Islander</p> <p>5 - Unable to determine</p> <p>EDIT: If adoption family structure(#22) is single female, then adoptive mother's DOB (#23) & Race (#25) and Hispanic Origin (#26) must be completed.</p> <p>If adoption family structure(#22) is single male, then adoptive father's DOB (#23) & Race (#25) and Hispanic Origin (#26) must be completed.</p> <p>If adoption family structure is #1 Married couple or #2 unmarried couple, then above information is required for both mother and father.</p>
HISPANIC ORIGIN	1N	<p>AFCAR Element # 26. Required Field. Use AFCARS codes.</p> <p>Indicate yes if adoptive mother is Mexican, Puerto Rican, Cuban, Central or South American or of other Spanish cultural origin regardless of race.</p> <p>0 - Not Applicable</p> <p>1 - Yes</p> <p>2 - No</p> <p>3 - Unable to determine</p> <p>Please see above edits for race as they apply here too.</p>
SSN/FED ID #	9N	Social Security number or FED ID # if licensed foster parent.

Previous Relation of Adoptive Parent to Child?	2N	<p>AFCARS ELEMENTS 29, 30, 31, 32. Required field. I have used the relationship codes currently listed in the Relationship Table deleting codes that are not applicable. Convert the selections to the corresponding AFCARS Data element. Please refer to AFCARS documentation for clarification and element definitions.</p> <table><thead><tr><th>Previous Relationship Code</th><th>AFCAR CONV.</th></tr></thead><tbody><tr><td>AU - Aunt/Uncle</td><td>#30 Other Relative birth/marriage</td></tr><tr><td>CO - Cousin</td><td>#30</td></tr><tr><td>FP - Foster Parent</td><td>#31 Foster Parent of Child</td></tr><tr><td>GP - Grand Parent</td><td>#30</td></tr><tr><td>GU - Guardian</td><td>#32 Other Non-Relative</td></tr><tr><td>HS - Half Sibling</td><td>#30</td></tr><tr><td>NR - Non-Relative</td><td>#32 Other Non-Relative</td></tr><tr><td>OR - Other Relative</td><td>#30</td></tr><tr><td>SL - Sibling</td><td>#30</td></tr><tr><td>SS - Step sibling</td><td>#32</td></tr><tr><td>ST - Step Parent</td><td>#29 Step-parent</td></tr><tr><td>UK - Unknown</td><td>#32 Other Non-Relative</td></tr></tbody></table> <p>Help: Was the Adoptive Parent previously related/associated with the child prior to the termination of parental rights and/or this adoption by one of the following categories? If the adoptive parent was not the child's foster parent, guardian or related to the child by birth or marriage, select NR for Non-relative.</p> <p>AFCAR REPORTING: Allowable values for elements 29-32 are 1 - Applies, 0 - Does not apply. Report 1 for the data element selected and 0 for all other elements. For example if the worker selected NR Non-Relative, then report 1 for AFCAR element number 32 and 0 for AFCAR elements 29 - 31.</p> <p>If "Y" was checked for Foster Parent Adopt? field, but Previous Relation of Adoptive Parent to Child? is a relative by blood or Marriage, then report #30 Other Relative by Birth/Marriage to AFCARS.</p> <p>AFCARS ELEMENT #04 - State Agency Involvement in Adoption. If 31 is selected then "01 - Yes" needs to be reported to AFCARS for State Agency Involvement in Adoption.</p> <p>EDIT: If yes was answered for FOSTER PARENT ADOPTION Y/N field, then prefill this field with #31.</p>	Previous Relationship Code	AFCAR CONV.	AU - Aunt/Uncle	#30 Other Relative birth/marriage	CO - Cousin	#30	FP - Foster Parent	#31 Foster Parent of Child	GP - Grand Parent	#30	GU - Guardian	#32 Other Non-Relative	HS - Half Sibling	#30	NR - Non-Relative	#32 Other Non-Relative	OR - Other Relative	#30	SL - Sibling	#30	SS - Step sibling	#32	ST - Step Parent	#29 Step-parent	UK - Unknown	#32 Other Non-Relative
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ST - Step Parent	#29 Step-parent																											
UK - Unknown	#32 Other Non-Relative																											
Cross-racial Certification Y/N	1A	Person has completed the Cross-Racial cross-cultural Parenting Assessment Guide and been approved for cross-racial adoption. (SM 725 appendix A)																										
Last Name Adoptive Father	20AN	<p>Last name of first approved adoptive Father. Required field.</p> <p>EDIT: If Y was entered for FOSTER PARENT ADOPTION field, prefill with last name of second foster parent, if any, from Foster Care Placement Screen.</p>																										

First name	15AN	First name of adoptive father. Required field if last name is entered. EDIT: If Y was entered for FOSTER PARENT ADOPTION field, prefill with first name of second foster parent, if any, from Foster Care Placement Screen.
MI	1AN	Middle initial of adoptive father. EDIT: If Y was entered for FOSTER PARENT ADOPTION field, prefill with middle initial of second foster parent, if any, from Foster Care Placement Screen.
DOB	8N	Date, Month and year adoptive father was born. AFCAR Element #24. Required field. MM/DD/YYYY format. Edit: The child's date of birth (AFCARS Element #5 - Child Data Screen) must be later than both the (birth and adoptive) Mother's and Fathers' year of birth, unless either of these are unknown.
SEX	1A	F = Female; M = Male. Required field.
RACE		AFCAR Element # 25. See above for codes. EDIT: If adoption family structure(#22) is single female, then adoptive mother's DOB (#23) & Race (#25) and Hispanic Origin (#26) must be completed. If adoption family structure(#22) is single male, then adoptive father's DOB (#23) & Race (#25) and Hispanic Origin (#26) must be completed. If adoption family structure is #1 Married couple or #2 unmarried couple, then above information is required for both mother and father.
HISPANIC ORIGIN	1N	Required Field. Use AFCARS codes. Fulfills AFCAR ELEMENT #26. Please see above for codes and edits for race as they apply here too.
SSN	9N	Social Security number.
Previous Relation of Adoptive Parent to Child?	2N	Please see above field under first adoptive parent for the requirements for this field.

Cross-racial Certification Y/N	1A	Person has completed the Cross-Racial Cross-cultural Parenting Assessment Guide and been approved for cross-racial adoption. (SM 725 appendix A)
Address	20a/n	Street address that adoptive family resides at. Required field.
Supplemental Address	20 A/N	Additional address field for supplemental address information.
City	15A/N	City that family resides in. Required field.
State	2A	AFCAR Element #1. State that family resides. Auto fill with MI for Michigan. Use state code table. Required field.
ZIP Code	5N 4N	Zip code for family's mailing address and supplemental zip code suffix. Use zip code table for that county for first field only.
Phone #1	3AN 7AN	Area code and phone number for adoptive family.
Phone #2	3AN 7AN	Second area code and phone number, if any, for adoptive family.
# of Prev. adop Placements	2N	Indicates the number of times this child was previously placed for adoption. As with foster care, there should be a Adoption History box that displays prior to this screen that shows the previous adoptions and dates, if any. This field would prefill from the information on this screen.

4. EDITS. List all; field and cross field edits desired, i.e., acceptable values for each field and how these values affect other fields on this screen or on other screens.

Element Name	Edit Description
Living Arrangement	04 = Adoptive Home. Once the adoption case is opened the only valid living arrangement is 04. It is not required to be changed for the closure of the case due to disruption or death on CIS.

5. OUTPUTS. Describe any reports, mainframe updates, or other system outputs associated with this request. Please include examples of each.

No outputs are generated from this screen. Data elements captured on this screen do print out on the child summary screen, worker case management screens and the 133 and 5S.

6. TRAINING ISSUES *. Describe any procedures contained in these specifications that have been identified as possible training issues.

Training will have to emphasize that this screen is for adoptive placement only. Adoption screens are only accessible after the Foster Care case is closed.

A slightly altered Relationship to Case Name Table is used for Previous Relation to Child. This field refers to the relationship, if any, that the approved adoptive family had before the child's birth parent(s) rights were terminated. This concept will have to be explained to workers.

7. TESTING ISSUES *. Describe any special situations, changes or functions that will require additional testing as a result of these specifications.

If the adoptive parents were the previous foster parents or the child's previous relative placement, the data concerning these placements should prefill from the child's foster care placement screen. Testing would have to be done to ensure that the appropriate data prefills correctly on this screen.

8. POLICY ISSUES *. Describe any policy issues that arose as a result of these changes.

9. DEPENDENCIES. List any dependencies. Include conversions.

The Relationship to Case Name Table has been altered for the Previous Relationship to Child field.

10. SIGNATURES

	Signature	Date
Policy Analyst:	<i>m. houghery</i>	3/28/97
Policy Supervisor:	<i>BLS</i>	3/28/97
BuIS Analyst:		

* Revised on 12/12/96

5.1.2 Foster Care Requirements

CHILDREN'S SWSS REQUIREMENTS FORM

Assigned Policy Analyst:	Carol Kraklan
Date Received By BuIS:	
Requirement # (from BuIS):	

TOPIC:

Foster Care Placement Specifications-Addendum #2

1. **BUSINESS PROCESS.** Describe the current business process for the requested enhancement. Be specific. Include all forms, documents, letters, and services manual policy related to the procedure. Prior to the completion of this form, discuss this process with the pilots to determine how this procedure is done in their county. Resolve discrepancies and work out any conflicts with current policy.

When a child is first placed in Foster Care, the worker opens the case on CIS/CSMIS on a FIA-133. The child's Living Arrangement, Placement Date, Funding Source and Provider Number, if appropriate are recorded on this form. The worker also fills out an FIA-3185 which records the Provider's Name and Address and Phone Number, License number(if appropriate), Date of Placement, County of Placement, Worker number and Rate of Pay. This sheet is filed in the front of the case file for easy reference.

Each time a child moves the worker must change the information on the FIA-5S and record the new placement on the FIA-3185. The worker must also complete either a Replacement Documentation, FIA-4531 or a Termination from Foster Care Summary, depending on where the child moved.

If an FIA worker is supervising a youth in an Independent Living Arrangement the worker is to fill out and FIA Independent Living Agreement with the child which includes the conditions and responsibilities of the child and the worker.

2. **SWSS INTEGRATION.** Describe how this process should be integrated into the SWSS application. If applicable, list preceding and subsequent screens to help define system flow. Also include a flow chart whenever possible.

Several changes have taken place to the specifications. They are bolded in this document and the changes are in capitol letters in the attached document.

- **Funding Source from the Eligibility Determination should prefill on the Placement screen.**
- **Living Arrangement 08-Group Home has not been deleted from CIS Living Arrangement codes yet but it will be once CWFIS is running.**
- **Funding Source 7-SSI has been deleted.**

4. **EDITS.** List all; field and cross field edits desired, i.e., acceptable values for each field and how these values affect other fields on this screen or on other screens.

Element Name	Edit Description
<u>All CIS edits should be included.</u>	New CIS edits are attached.
<u>For other edits see attached specifications.</u>	

5. **OUTPUTS.** Describe any reports, mainframe updates, or other system outputs associated with this request. Please include examples of each.

Changes in Placement Date, Provider Number, Living Arrangement Code and Funding Source will print on the FIA-133 or FIA-5S. Changes to CIS are being made to the Living Arrangement codes and Funding Source codes that are reflected in the specifications. These should be in place when SWSS is released statewide. Changes are also taking place within CIS to record two providers for Purchase of Service cases. **Secondary Provider ID and Supervising Agency Indicator code and new Living Arrangement codes became effective on CIS 11/1/97.**

Several data elements will need to be reported for AFCARS regarding placement information. Particular date elements will be converted for AFCARS reporting and are included. All case data edits for AFCARS reporting are also contained within the attached specifications.

SWSS will also generate the FIA-3185, the Foster Care Action Summary and an Independent Living Agreement if requested by the worker.

Each time a child is moved from one foster home to another or from any other living arrangement to a foster home the foster parents will need to receive a foster parent copy of the 5 day packet. The worker will need to update the narrative questions, if necessary before producing the document. For placement history and school attended history the worker will need to attach a FIA-3185 to the 5 day packet.

6. TRAINING ISSUES*. Describe any procedures contained in these specifications that have been identified as possible training issues.

Workers will need to be trained to understand the difference between a licensed Michigan provider and a provider that is not licensed by the State of Michigan. Manual payment providers will also need to be trained as most workers are not exposed to this on a daily basis. **Manual payment providers are now called Model Payment Providers.**

CIS changes will also need to be communicated to the field and training will need to address these changes. **(Done, 11/1/97, see manual policy bulletin 270, 271 and 281.)**

AFCARS codes and definitions will need to be explained to workers.

The Foster Care Action Summary is a new form and will need to be introduced to workers.

Likewise, per Mary Ann Jensen, if a child is placed in a licensed relative home the Living Arrangement code should be 02-Relative. Within SWSS field staff there is disagreement on what Living Arrangement code to use. This is presumed to be the situation within the field. Several of the SWSS field staff would code this Living Arrangement as 05-Foster Home. Therefore, special attention to this particular problem will need to be addressed with the users during training.

When a worker generates a new 5 day packet for the new foster parents they will need to attach a FIA-3185. This is for licensing requirements.

The new AWOL definition will also need to be related to workers during training.

7. TESTING ISSUES*. Describe any special situations, changes or functions that will require additional testing as a result of these specifications.

AFCARS reporting codes and changes in CIS codes, particularly regarding the inclusion of two Providers Numbers will need to be tested.

8. POLICY ISSUES*. Describe any policy issues that arose as a result of these changes.

Policy will need to change based on AFCARS definitions. Also the use of Living Arrangement Code 02 for licensed relative foster care may not be a change in policy but will need to be clarified with field staff.

The definition of AWOL has changed and this will need to be conveyed to workers.

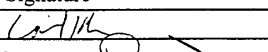
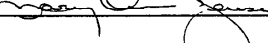
9. DEPENDENCIES. List any dependencies. Include conversions.

4

Placement Date, Living Arrangement Code, Funding Source and Provider Number will need to be converted from CIS to SWSS. History of prior placements on CIS will also need to be converted along with the Placement Date, Living Arrangement Code and Funding Source associated with the particular placement.

Secondary Provider ID and Supervising Agency Indicator Code will also need to be converted.

10. SIGNATURES

	Signature	Date
Policy Analyst:		11-14-97
Policy Supervisor:		11-17-97
BuIS Analyst:		

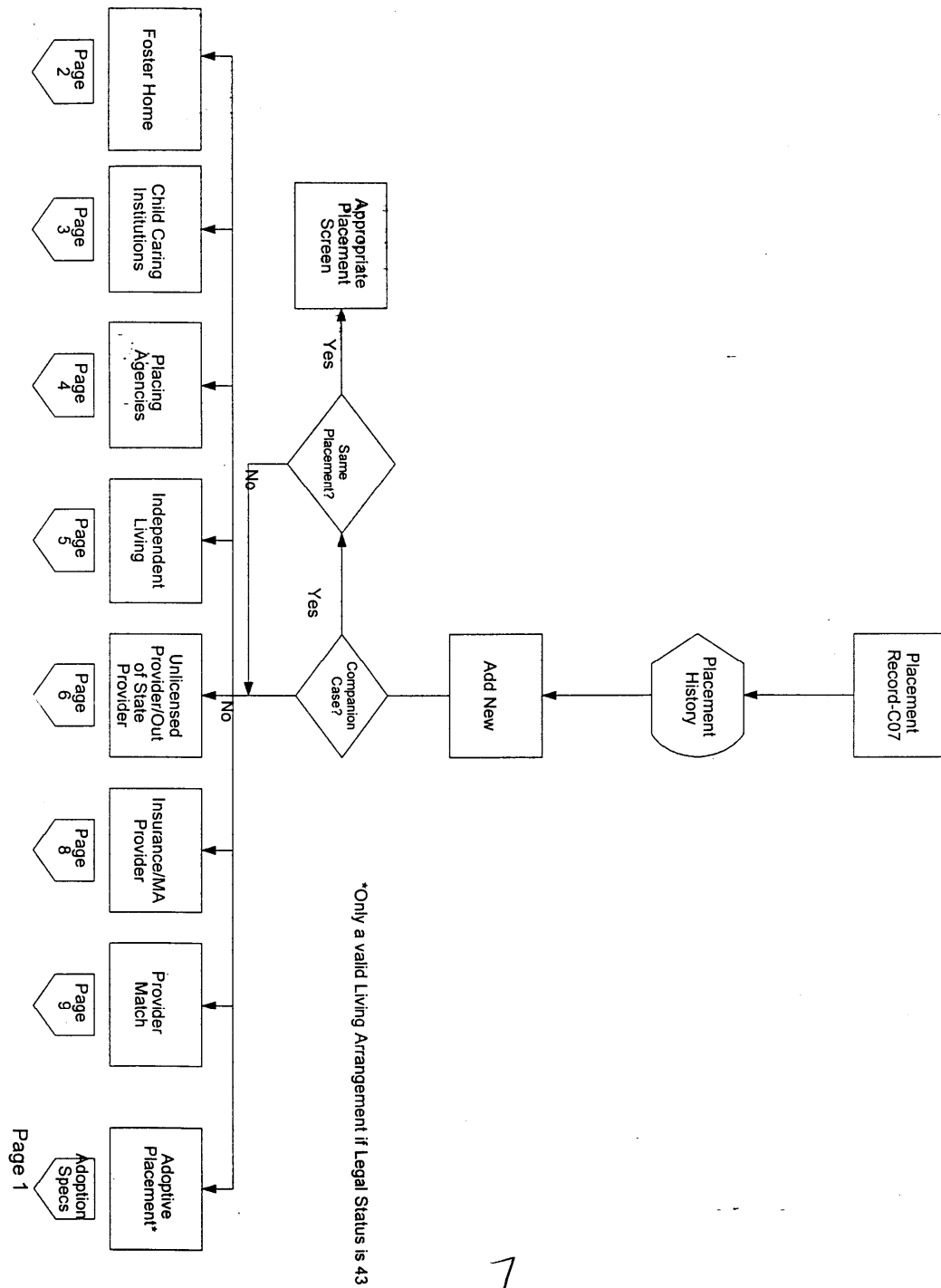
*Revised on 12/12/96

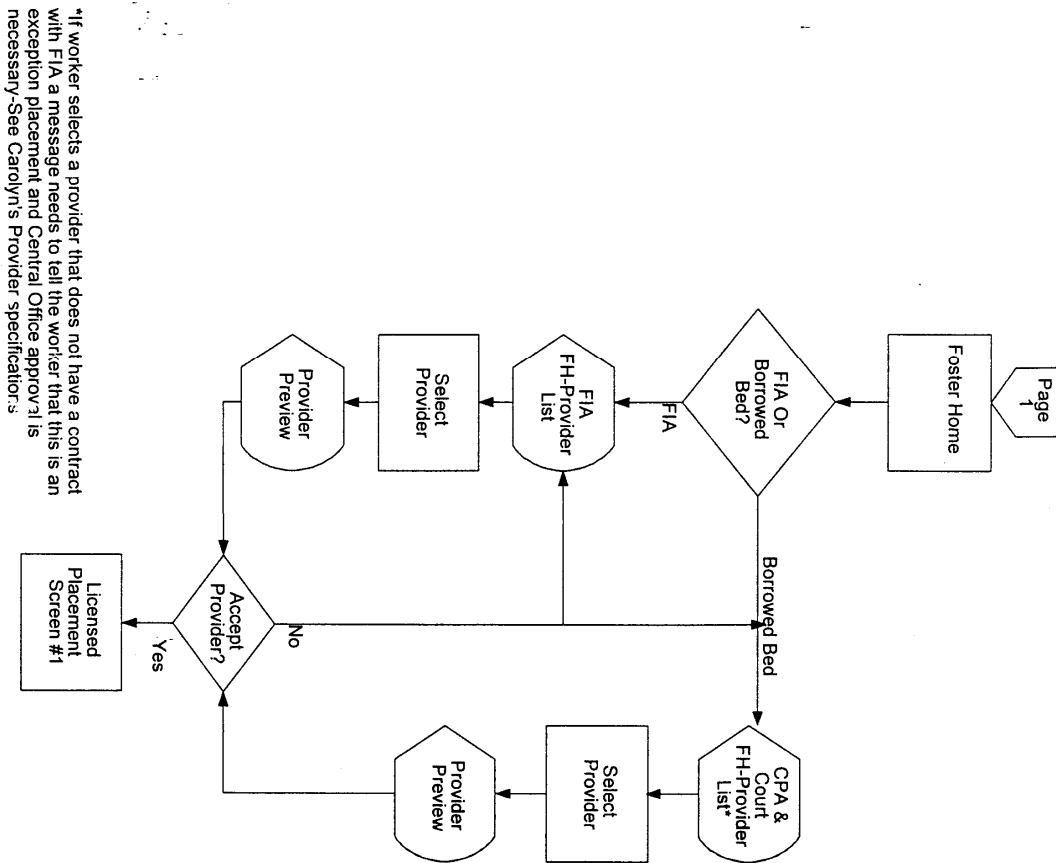
.DATE 13 NOV 97 16:24:03 RID 34H 29 APR 97 42003005
.FC PLACEMENT SPECS

FLOW: (See attached Flow chart)

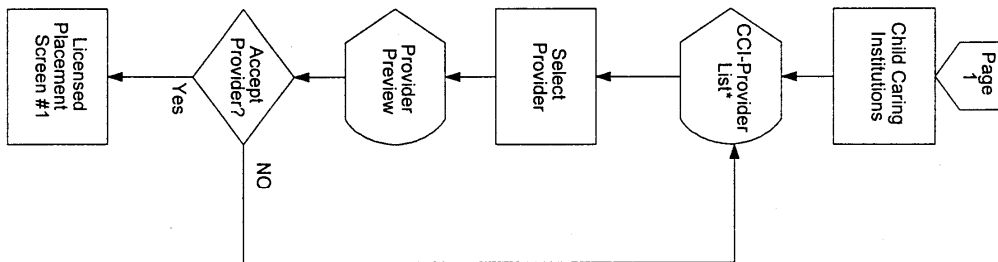
1. When selecting the Placement screen if there is history the Placement history box should be displayed. (For further details, see History below.)
2. The worker should be able to AddNew to history.
3. If there is a Companion Case and a placement has already been made the option to place the child in the same placement as the companion case should be given to the worker. This would fill out the provider information but Placement Begin Date should not prefill. This should work the way Mary Haddick designed in Transfer.
4. If there is no history and a placement for a companion case has not been entered, the Placement Selection buttons should display for the worker.
5. After selecting a button the worker should be taken to the appropriate screen. (See flow chart) For Provider's that are licensed in the state of Michigan, Unlicensed Payment providers or enrolled Insurance/MA providers the worker will have to select the provider from the corresponding list before going to the placement screen. If a provider is not found on the Model Payments provider list then a question should ask the worker if they want to generate a 2351 to add the provider. See Karlenna Glenn's FIA-2351 specifications for further details. If a worker selects a provider that does not have a contract with FIA, a message should tell the worker that they need to have Central Office approval for a child to be placed with this provider. See Carolyn's provider specifications for further details.
6. THERE HAVE BEEN CHANGES TO THE PLACEMENT FLOW CHART. ADOPTIVE PLACEMENT IS NOW AN OPTION IN FOSTER CARE AS A CHILD PLACED IN AN ADOPTIVE PLACEMENT IS NOW CONSIDERED A FOSTER CARE CASE. FOR SPECIFICS REGARDING THE ADOPTION PLACEMENT FLOW AND SCREENS SEE MELISSA LONSBERRY'S ADOPTION SPECIFICATIONS. ON PAGE 2 OF THE FLOW CHART FOSTER HOME THAT ARE LICENSED BY COURT'S HAVE BEEN INCLUDED IN THE PROVIDER LISTING. THIS WILL NOT EFFECT PLACEMENT. ON PAGE 4 THE PLACING AGENCY FLOW HAS CHANGED. A WORKER WILL NEED TO PICK A PLACING AGENCY THEN SWSS WILL NEED TO ASK WHETHER THE CHILD IS PLACED IN A FOSTER HOME OR AN UNLICENSED PLACEMENT. ALSO, CHILDREN ARE NOT PLACED OUT OF STATE IF THEY ARE PLACED BY AN IN-STATE PLACING AGENCY. ON PAGE 7 THE SCREEN THAT A WORKER SHOULD BE TAKEN TO AFTER SELECTING AN OUT OF STATE PROVIDER IS THE UNLICENSED SCREEN #2. THE SPECIFICATIONS HAD PREVIOUSLY SAID UNLICENSED SCREEN #1. ON PAGE 9, PROVIDER MATCH FOR UNLICENSED PAID PROVIDER AND INSURANCE/MA PROVIDER HAS BEEN DELETED. ON PAGE 1 AND PAGE 6 OUT OF STATE PROVIDER HAS BEEN ADDED ON THE OPTION BUTTON ALONG WITH UNLICENSED PROVIDER.
7. From the Placement screen the worker should have the option of going to the Payments screen, if applicable, and the Educational Screen.

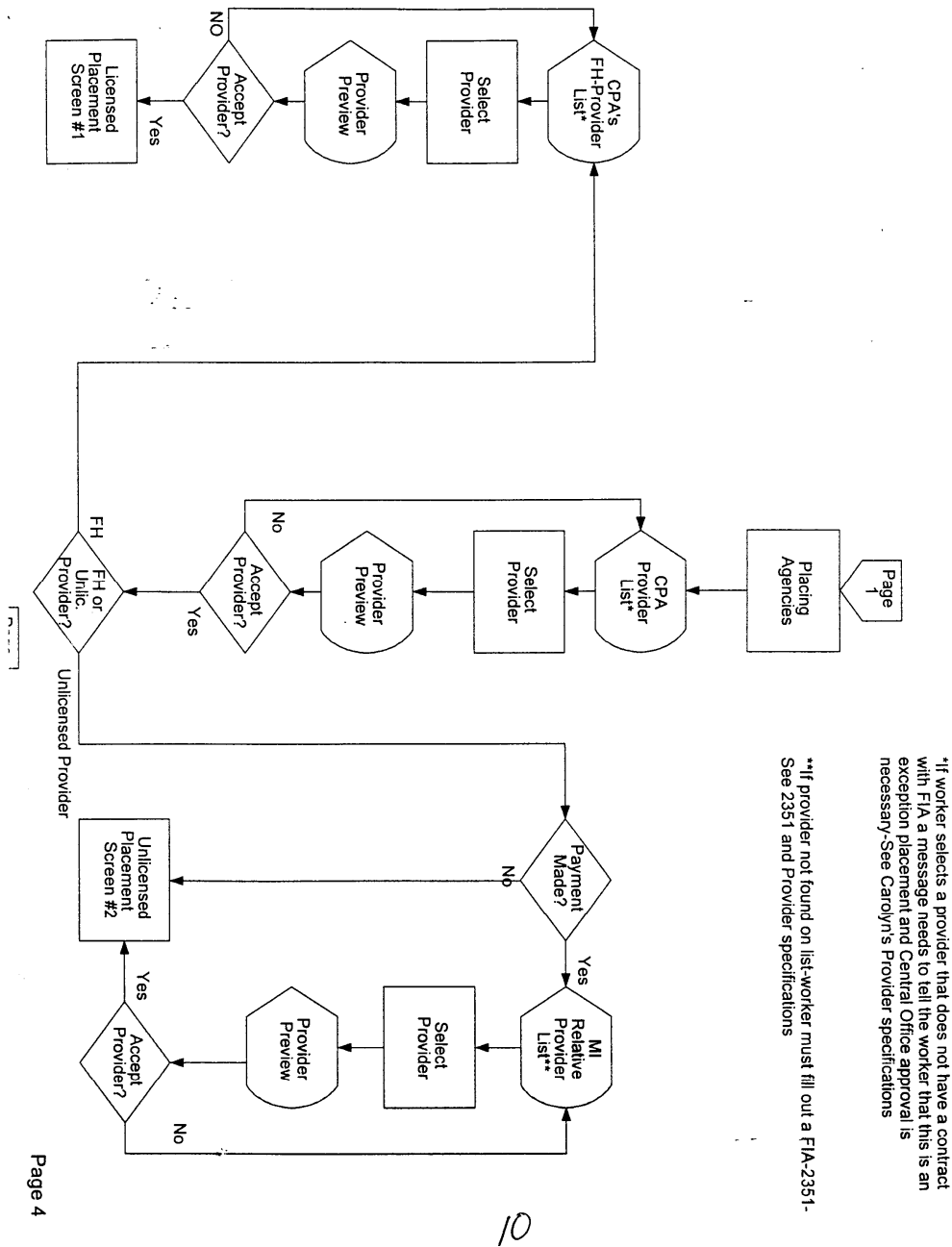
6

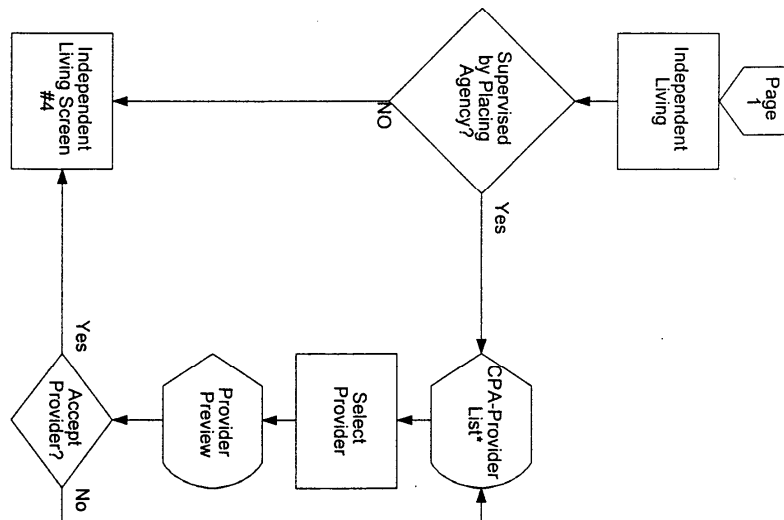




*If worker selects a provider that does not have a contract with FIA, a message needs to tell the worker that this is an exception placement and Central Office approval is necessary. See Carolyn's Provider specifications

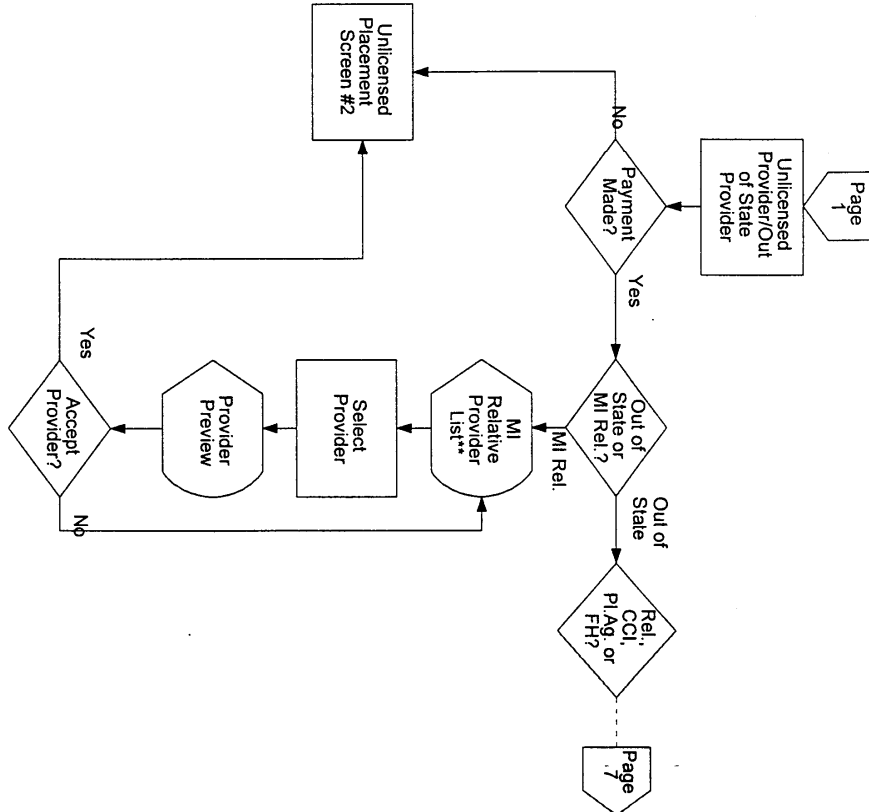




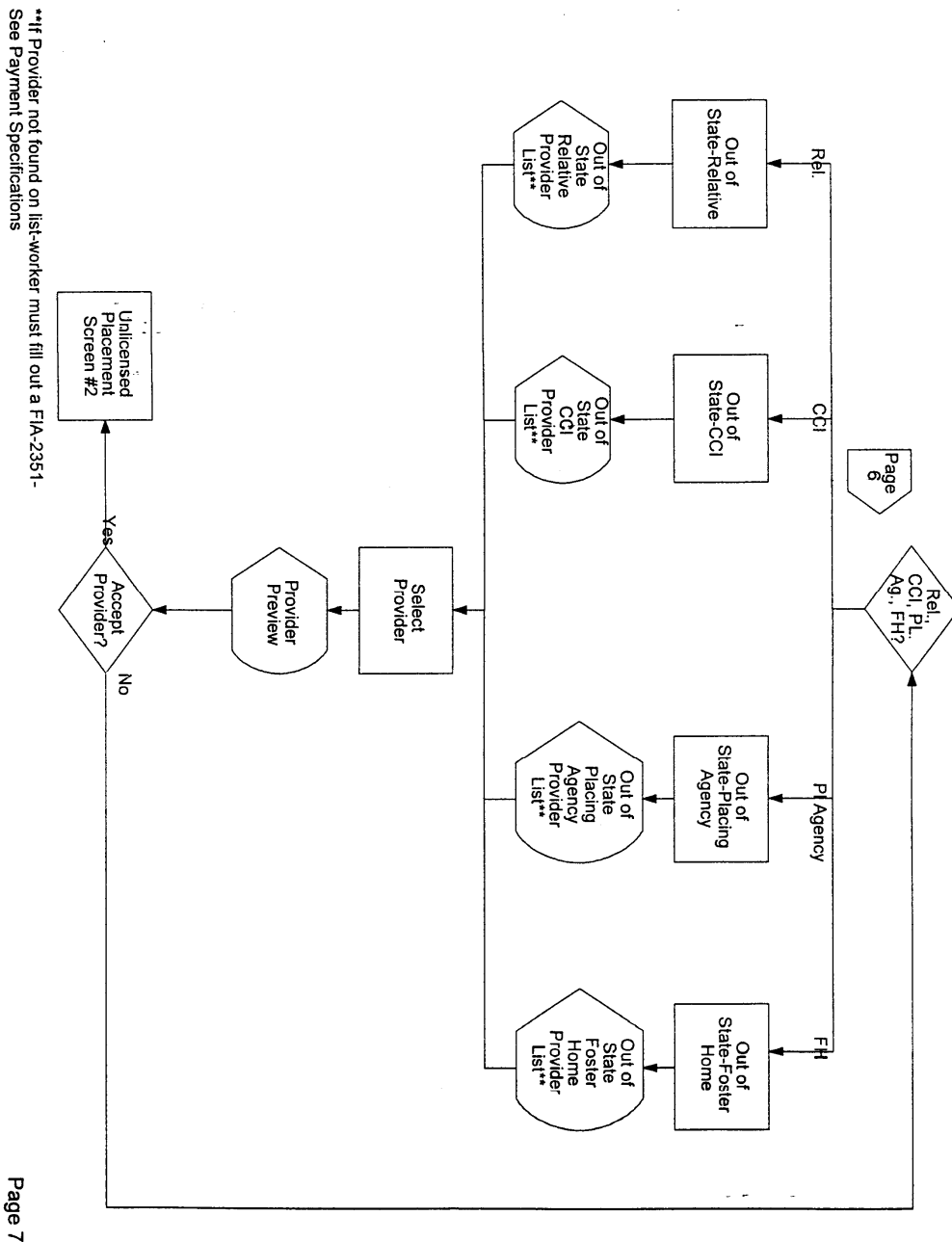


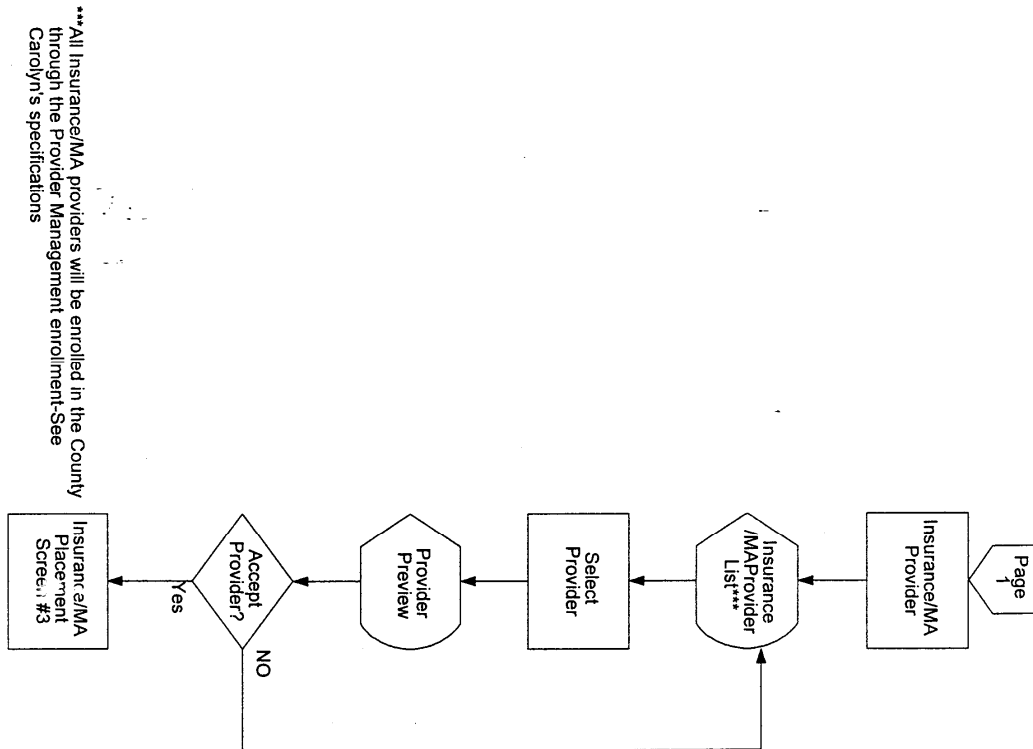
*If worker selects a provider that does not have a contract with FIA a message needs to tell the worker that this is an exception placement and Central Office approval is necessary-See Carolyn's Provider specifications

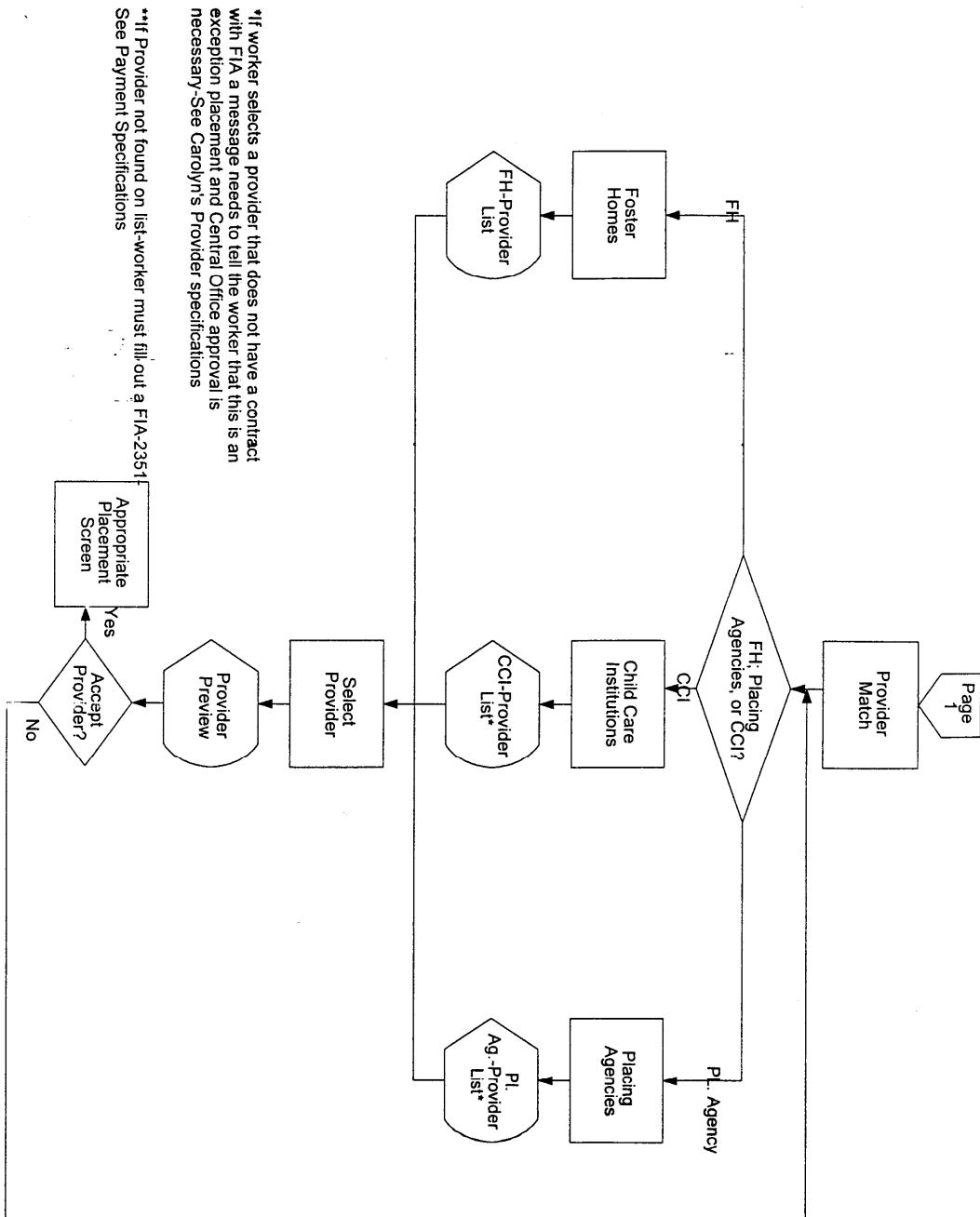
**If Provider not found on list-worker must fill out a FIA-2351-
See Payment Specifications



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SCREEN #1

LICENSED PROVIDER PLACEMENT RECORD

CASE NAME: [REDACTED]
CASE NUMBER: V [REDACTED] A
LOG NUMBER: 2390

CHILD'S DOB: 04/30/87 AGE AT PLACEMENT: 9 CLIENT ID# 999999999
SEX: M/F RACE: 3 LEGAL STATUS 44

AGENCY NAME: {DISPLAY HERE IF AN AGENCY} AGENCY PROVIDER #: xx9999999
FOSTER HOME: [REDACTED] Display if FH PROVIDER #: FH1207867

ADDRESS: {DISPLAY}
CITY: {DISPLAY} STATE: {DIS.} ZIP CODE: {DIS.}
COUNTY: {DIS.} LOCATION: {DIS.}
PHONE #1: {DISPLAY} PHONE #2: {DISPLAY}

CONTACT PERSON []

PLACEMENT BEGIN DATE: [MMDDYYYY] LIVING ARRANGEMENT [XX]

FUNDING SOURCE: [x]

PLACEMENT END DATE: [MMDDYYYY] TOTAL DAYS PLACED: {DISPLAY #}

(REMOVAL CONDITIONS): {DISPLAY ALPHA EXPLANATION OF REMOVAL CONDITIONS FROM
LEGAL INFORMATION SCREEN.}

COMMENTS Y/N?: [N]

PRODUCE FOSTER CARE ACTION SUMMARY Y/N?: [N]

PAYMENTS SCREEN Y/N?: [N]

EDUCATIONAL SCREEN Y/N?: [N]

CONTINUE CANCEL

{ }=Display only fields
[]=User entered
()=CHANGE

SCREEN #2

```

                                CASE NAME: ██████████
UNLICENSED PROVIDER PLACEMENT RECORD  CASE NUMBER: V█████████A
                                LOG NUMBER: 2390

-----
CHILD'S DOB: 04/30/87    AGE AT PLACEMENT: 9    CLIENT ID# 999999999
SEX: M/F                                RACE: 3    LEGAL STATUS 44
-----
PROVIDER NAME: [xxxxxxxxxxxxxxxxxxxxxxxxxxxx] {Display only if selected from
PROVIDER #: [xxxxxxxxxx]                      a provider list.}
CONTACT PERSON: [ ]

FAMILY STRUCTURE: [x]

LAST NAME #1: [xxxxxxxxxxxxxxxxxxxx]    FIRST: [xxxxxxxxxx]    MI: [x]
DOB: [MMDDYYYY]    SEX: [x]    RACE: [x]    HISPANIC ORIGIN: [x]
SSN/FEDERAL ID #: [999999999] {DISPLAY ONLY IF PICKED FROM PROVIDERS}

LAST NAME #2: [xxxxxxxxxxxxxxxxxxxx]    FIRST: [xxxxxxxxxx]    MI: [x]
DOB: [MMDDYYYY]    SEX: [x]    RACE: [x]    HISPANIC ORIGIN: [x]
SSN/FEDERAL ID #: [999999999] {DISPLAY ONLY IF PICKED FROM PROVIDERS}

ADDRESS: [xxxxxxxxxxxxxxxxxxxx] [xxxxxxxxxxxxxxxxxxxx]
CITY: [xxxxxxxxxxxxxxxxxxxx]    STATE: [xx]    ZIP CODE: [xxxxx] - [xxxx]
COUNTY: [xx]    LOCATION: [xx]    COUNTRY: [xxxxxxxxxxxxxxxxxx]
PHONE #1: [999] - [99999999]    PHONE #2: [999] - [99999999]
{ADDRESS DISPLAY ONLY IF PICKED FROM PROVIDERS}

PLACEMENT BEGIN DATE: [MMDDYYYY]    LIVING ARRANGEMENT [XX]

FUNDING SOURCE: [x]

PLACEMENT END DATE: [MMDDYYYY]    TOTAL DAYS PLACED: {DISPLAY #}

(REMOVAL CONDITIONS): {DISPLAY ALPHA EXPLANATION OF REMOVAL CONDITIONS FROM
LEGAL INFORMATION SCREEN.}

COMMENTS Y/N?: [N]

PRODUCE FOSTER CARE ACTION SUMMARY Y/N?: [N]

PAYMENTS SCREEN Y/N?: [N]
EDUCATIONAL SCREEN Y/N?: [N]
```

CONTINUE CANCEL

SCREEN #3

INSURANCE/MA PROVIDER PLACEMENT RECORD

CASE NAME: [REDACTED]
CASE NUMBER: V [REDACTED] A
LOG NUMBER: 2390

CHILD'S DOB: 04/30/87 AGE AT PLACEMENT: 9 CLIENT ID# 999999999
SEX: M/F RACE: 3 LEGAL STATUS 44

INSTITUTION NAME: {Display here from provider list}
PROVIDER ID#: {Display}
CONTACT PERSON: []

ADDRESS: {Display}
CITY: {Display} STATE: {xx} ZIP CODE: {xxxxx}-{xxxx}
COUNTY: {xx} LOCATION: {xx}
PHONE #1: {999}-{99999999} PHONE #2: {999}-{99999999}

PLACEMENT BEGIN DATE: [MMDDYYYY] LIVING ARRANGEMENT [XX]

FUNDING SOURCE: [x]

PLACEMENT END DATE: [MMDDYYYY] TOTAL DAYS PLACED: {DISPLAY #}

(REMOVAL CONDITIONS): {DISPLAY ALPHA EXPLANATION OF REMOVAL CONDITIONS FROM
LEGAL INFORMATION SCREEN.}

COMMENTS Y/N?: [N]

PRODUCE FOSTER CARE ACTION SUMMARY Y/N?: [N]

EDUCATIONAL SCREEN Y/N?: [N]

CONTINUE CANCEL

SCREEN #4

SUPERVISED INDEPENDENT LIVING

CASE NAME: [REDACTED]
CASE NUMBER: V[REDACTED]A
LOG NUMBER: 2390

CHILD'S DOB: 04/30/87 AGE AT PLACEMENT: 9 CLIENT ID# 999999999
SEX: M/F RACE: 3 LEGAL STATUS 44

AGENCY NAME: {Display here if supervised by CPA}
PROVIDER #: {999999999}

ADDRESS: [xxxxxxxxxxxxxxxxxxxxxxxx] [xxxxxxxxxxxxxxxxxxxxxxxx]
CITY: [xxxxxxxxxxxxxxxxxxxx] STATE: [xx] ZIP CODE: [xxxxx] - [xxxx]
COUNTY: [xx] LOCATION: [xx]
PHONE #1: [999] - [9999999] PHONE #2: [999] - [9999999]

PLACEMENT BEGIN DATE: [MMDDYYYY] LIVING ARRANGEMENT [xx]

FUNDING SOURCE: [x]

PLACEMENT END DATE: [MMDDYYYY] TOTAL DAYS PLACED: {DISPLAY #}

(REMOVAL CONTITIONS): {DISPLAY ALPHA EXPLANATION OF REMOVAL CONDITIONS FROM
LEGAL INFORMATION SCREEN.}

COMMENTS Y/N?: [N]

GENERATE INDEPENDENT LIVING AGREEMENT Y/N?: [N]

PRODUCE FOSTER CARE ACTION SUMMARY Y/N?: [N]

PAYMENTS SCREEN Y/N?: [N]
EDUCATIONAL SCREEN Y/N?: [N]

CONTINUE CANCEL

ASSUMPTIONS ABOUT THE SCREENS:

- 1) Case data within the lines is display only.
DOB, Client ID #, Sex, and Race come from the Child Data screen.
Age at Placement should be calculated by the computer.
Legal Status is from the Court Information screen under Legal Info.
- 2) (REMOVAL CONDITIONS) will also be display only. These will come from the Removal Conditions within the Legal Information section. There are 307 characters if all the conditions were displayed on the screen.
PREVIOUSLY REMOVAL CONDITIONS WAS CALLED PLACEMENT REASON BUT THIS NEEDS TO BE CHANGED TO REMOVAL CONDITIONS.
- 3) On Screen #1, Agency Name(If appropriate), Agency Provider # and Foster Home name and # fields are display only from the provider selected.
If the Agency is a Child Placing Agency there could be both an Agency Name and # and a Foster Home Name and #. If a worker selects an Agency or a CCI that does not have a contract with the Department a message should tell the worker that this is not a contracted provider and that Central Office approval is necessary to place the child there. Payments must also be APPROVED through Central Office. See Provider specs.
THE CHILD'S ADDRESS SHOULD ALSO DISPLAY ON THE SCREEN. IF THE CHILD WAS PLACED BY A PLACING AGENCY THE ADDRESS OF THE FOSTER HOME WOULD DISPLAY.

On Screen #2, if the worker has selected a provider from the (MODEL) Payments provider list the Provider Name and number should display on the screen. If the provider does not appear on the (MODEL) Payments Provider list the worker should have a pick box that asks them if they want to generate an FIA-2351 to enroll the provider. See 2351 specifications.
PREVIOUSLY THE SPECIFICATIONS HAD SAID MANUAL PAYMENTS INSTEAD OF MODEL PAYMENTS. PROVIDER ADDRESS SHOULD ALSO BE DISPLAY ONLY.
COUNTRY HAS BEEN ADDED TO THE UNLICENSED PROVIDER SCREEN #2. THIS FIELD SHOULD PREFILL WITH THE UNITED STATES, BUT A WORKER MAY CHANGE THIS FIELD IF THE CHILD IS PLACED OUT OF THE COUNTRY.

On Screen #3 the Provider Name and number should display from the Insurance/MA Provider list. Each county will need to enroll these providers within Provider Management. See Carolyn's Provider specifications.

On Screen #4, if the Independent Living Arrangement is supervised by a Placing Agency the Agency Name and Provider # should display on the screen. THE ADDRESS ON THE SCREEN IS THE CHILD'S ADDRESS WHERE THEY ARE LIVING AND THE HELP MESSAGE SHOULD REFLECT THIS.

WHEN A WORKER IS SELECTING A PROVIDER FROM THE PROVIDER FILE IF THE PROVIDER IS A CHILD PLACING AGENCY OR A CCI, THEY MAY ALSO HAVE TO PICK THE TYPE OF PROGRAM THAT THE CHILD IS IN FOR THE PARTICULAR PROVIDER. THE PROGRAM WILL BE ASSOCIATED WITH A SPECIFIC SERVICE AND IT WILL HAVE A MODEL PAYMENTS SERVICES CODE ATTACHED TO IT. THIS SERVICES CODE WILL BE USED IN PAYMENTS TO DETERMINE THE DAILY RATE THAT THE PROVIDER WILL BE PAID. A MORE DETAILED EXPLANATION OF THIS PROCESS IS INCLUDED IN CAROLYN SYNDER'S BOARD AND CARE PROVIDER SPECIFICATIONS AND PAT WILSON'S PAYMENT SPECIFICATIONS. THE TYPE OF PROGRAM THE CHILD IS IN SHOULD ALSO DISPLAY ON THE SCREEN FOR THE WORKER TO VIEW.

IF THE CHILD IS PLACED BY A PLACING AGENCY, THE SUPERVISING AGENCY INDICATOR CODE ON THE 5S SHOULD BE PREFILLED WITH A 2-PRIVATE CHILD PLACING AGENCY. WORKERS WILL NOT NEED TO INPUT THIS INTO SWSS.

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- 4) There are edits within SWSS to prevent a worker from going to the payment screen if not appropriate. These are based on Living Arrangement and Funding Source. (See Payment Specifications by PAT WILSON)
The only Unlicensed Provider that can be paid is a provider that is enrolled in Model Payments. An Insurance/MA provider can never be paid on a FIA-626, (UNLESS THE CHILD'S LEGAL STATUS IS 44, 45, 46 or 52, THEN THE CHILD CAN BE PAID \$37.00/MONTH FOR PERSONAL NEEDS.)
- 5) Contact Person should have a box that the worker can click on and a pop-up box will appear that asks for the Name and Phone # of the contact person within the Agency. History will not need to be kept on this item.
- 6) Total Days Placed should be calculated by the computer based on Begin Date and system date.
- 7) Comments should be indexed by placement.

8) Required fields:

- All Screens:
- A) Placement Begin Date
 - B) Living Arrangement
 - C) Funding Source-THIS FIELD SHOULD PREFILL FROM DARL'S ELIGIBILITY DETERMINATION. THE WORKER SHOULD BE ABLE TO CHANGE THIS FIELD IF THE LIVING ARRANGEMENT IS NOT VALID WITH THE FUNDING SOURCE BASED ON CIS EDITS WHICH ARE ATTACHED. IF THE CHILD IS TITLE IV-E ELIGIBLE THE FIELD SHOULD PREFILL WITH 2, IF STATE FUNDED, PREFILL WITH 4, COUNTY FUNDED, 3 AND TEMPORARY FUNDING PREFILL WITH A 5. IF THE CHILD IS LIMITED TERM/EMERGENCY FC IT IS A 5. (SEE ATTACHED CIS EDITS.)

Screen #2:

- A) Family Structure AFCARS-Not required if a placed in jail, L/A 12 or a out of State CCI, L/A code 26.
If an institution then it would be reported as a 0 for AFCARS.
- B) Name(Both will be required if Family Structure is two caretakers. See AFCARS #49 below. This would be codes 1 and 2)
- C) DOB (Both will be required if Family Structure is two caretakers)
- D) Sex (Both will be required if Family Structure is two caretakers)
- E) Race(Both will be required if Family Structure is two caretakers)
Use ASSIST race codes, see Lee Hunsberger's ASSIST specifications.
- F) Hispanic Origin(Both will be required if family structure is two caretakers.)
- G) Address, City State and Zip Code.
- H) If the placement is an Institution then only Address, City, State and Zip Code is required. Gray out the other fields.

Screen #3: See above-All Screens

Screen #4: A) Address, City, State and Zip Code

- A) History should be kept by placement.
- B) A Placement End Date must be added before a worker can ADDNEW.
- C) If there have been no placements made the worker should see the Placement Choice buttons. (See flow chart)
- D) If there have been placements added a worker should come upon the Placement History Summary Box. (See below)
- E) At this box a worker can either highlight a particular placement to review or the worker can press ADDNEW and will be taken through the Placement flow.
- F) The History box will also show if a 626 has been generated for the placement. When on-line, real time transaction take place within SWSS to CWFIS the History box should reflect that a payment was authorized and the payment amount.
- G) When a child Escapes from a Living Arrangement the worker must go into the placement screen and change the Living Arrangement Code to 20, AWOL. It will be required that the user enter an End Date for the placement. The placement will need to be stored in history with the correct Living Arrangement code and a new history line will display with the AWOL displaying. The Begin Date for the AWOL will be the End Date for the last placement. The End Date for the AWOL will be the Begin Date of the next placement. The worker will need to ADD New in order to enter another placement after an AWOL. If the worker wanted to view the AWOL screen all they would see would be the Living Arrangement Code, 20 and the Start and End Date, if there was one.

THERE HAVE BEEN A FEW CHANGES TO THE AWOL POLICY. THIS WILL NOT EFFECT SWSS OTHER THAN THE HELP MESSAGE FOR AWOL SHOULD BE CHANGED. SEE THE ATTACHED MEMO FROM MARY ANN JENSEN REGARDING AWOL.

LOCATE: []				PAYMENT
PROVIDER#	PROVIDER NAME	START	END	AUTHORIZED
CA39408	ST. PAUL'S CHILDREN'S HOME	113095	060696	Y
FH12048598	BEN AND JERRY'S FOSTER HOME	060696	122396	Y
	AWOL	122396	010397	N
	CHILDREN'S PSYCHIATRIC SERV	010397	011397	N
	PARENT'S HOME	011397		N

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- 10) All of the Child's placements should print out on the FIA-3185. (See attached) The format for printing out the form should remain the same as it is currently printing within SWSS, this was decided by the users that this format is preferred. Payment Rate will need to be added to this form and Court/Parent name should be taken off.
The old box format is also attached for reference purposes.
School Information will also print out on this form, but this is dealt with in the Educational Specification for Foster Care and Delinquency.
The Placement data elements that print on this form are:
- A) Placement Begin Date
 - B) Name of Placement Provider
 - C) Address
 - D) Phone number #1(If there is one.)
 - E) County of Placement
 - F) Provider #
 - G) Worker number
- H) Rate of payment-The rates should print out as follows:
(SWSS MAYBE GETTING THE RATE FROM CWFIS???)
THIS SHOULD BE CALLED THE DAILY RATE ON THE 3185
IF PAYMENTS ARE NOT MADE ON SWSS LEAVE THIS BLANK
- 1) Regular-Age Appropriate Rate = \$\$
 - 2) DOC-Level I-Age Appropriate Rate + Level I Rate = \$\$
 - 3) DOC-Level II-Age Appropriate Rate + Level II Rate = \$\$
 - 4) DOC-Level III-Age Appropriate Rate + Level III Rate = \$\$
 - 5) DOC-LEVEL IV Exception-Print Alpha Explanation
 - 6) Medically Fragile-Level I-Age Appropriate Rate + MF Level I = \$\$
 - 7) Medically Fragile-Level II-" " + MF Level II = \$\$
 - 8) Medically Fragile-Level III-" " + MF Level III = \$\$
 - 9) Medically Fragile-Level IV-Exception-Display Alpha Explanation
 - 10) Exception-Print Alpha Explanation
 - 11) Ward Child-Age Appropriate Rate + x(12.30) = \$\$
x=Number of ward's children-12.30=Age appropriate rate under 12
 - 12) MODEL Payment-Print Rate
 - 13) Contract Rate(If L/A is 9, 10, 11, 13, 14 15, 17, 19 & 21)
Print Alpha Explanation
 - 14) Medicaid(If L/A is 16)-Print Alpha Explanation
 - 15) If L/A is 01-Own Home, 03-Legal Guard. & 22= No Payment
 - 16) If L/A is 02-Relatives either Manual Payment or FIP or No Payment, unless they are a licensed provider than use codes 1-11
 - 17) Independent Living(If payment is made) = \$\$
 - 18) L/A 12-Jail = No Payment

11) The Living Arrangement codes on CIS are: Converted to AFCARS codes

01-Own Home	8
02-Relative's Home	2
03-Legal Guardianship	8
04-Adoptive Home	1
05-Foster Home-FIA	3
06-Foster Home-Private Agency (Will be deleted from CIS)	
07-Independent Living	6
08-Group Home-FIA (THIS CODE WILL BE DELETED FROM CIS)	3**
09-Public Shelter	3, 4, or 5*
10-Residential Care Centers-FIA	4, or 5*
11-Detention	5
12-Jail	5
13-Private Child Care Institution	4 or 5*
14-FIA Training School	5
15-Nokomis Challenge Program	5
16-Mental Health Facility	5
17-Court Treatment Facility	5
18-Out of State Placement (THIS CODE HAS BEEN DELETED)	
19-Boarding School and Runaway Service Facility, Other and Adult Foster Care Home	5
20-AWOL (Change to Escape?)	7
21-Arbor Heights	5
22-Out of State-Parent	8
23-Out of State Relative	2
24-Out of State Foster Home	3
25-Out of State Child Placing Agency	3
26-Out of State Institution	5
27-Out of State licensed relative	2

- *-For Providers that provide care for 1-6 children, this should be coded as AFCARS code 3, Foster Family Home. For Providers that provide care for 7-12 children, these should be converted to AFCARS code 4, Group Home. For Providers that provide care for 13 or more children, they should be converted to AFCARS code 5, Institution.
- **--GROUP HOME IS CURRENTLY BEING USED ON CIS, BUT ONCE CWFIS IS UP THIS CODE WILL BE DELETED AND THE CODE WILL BE CONVERTED TO A 5 ON CIS.

Valid Living Arrangement Codes for the 4 screens are:

Screen #1: 2 (If licensed), 5, 9, 10, 11, 13, 17,
19, 20, 21 and 23-27 (On Model Payments Providers)

Screen #2: 1, 2 (If not licensed), 3, 12, 20, 22 and 23 (if no payment made)

Screen #3: 16, 19 and 20

Screen #4: 7 and 20

- 04-Is only valid in an Adoption case where a petition has been filed and the child has been placed for Adoption and SWSS has an Adoption case open.
- 07-EDIT: A child must be at least 16 years old for this L/A to be valid.
- 11-If a child is placed in Detention for over 30 days, a message should tell the worker that Director Approval is necessary for this placement to continue. A worker would only get this message if they went into the Placement screen.
- 14 & 15-Only ACT 150, State Ward Delinquents can be placed in these facilities.
- 11 & 17-IF A CHILD IS PLACED IN DETENTION OR A COURT COUNTY TREATMENT FACILITY FOR MORE THAN 30 DAYS, A MESSAGE SHOULD TELL THE WORKER THAT MEDICAID NEEDS TO BE CLOSED. (SEE ABOVE)
- 12-If a child is placed in Jail over 5 days a message should tell the worker that Director's approval is necessary. (See above)
A message should also tell the worker that Medicaid must be closed if the L/A changes to Jail.
- 20-A worker can not open a placement with Living Arrangement code 20-AWOL
A child has to be AWOL from a particular placement.
- 21-EDIT: The TG/Legal Status must be 44-46 or 52.

- 02, (If licensed), 05, 09, 10, 13, 21, 24, 25, 26, and 27-These placements are Title IV-E eligible and if a child is TITLE IV-E eligible BASED ON Darl's specifications a TITLE IV-E Funding Source is appropriate. ADC-FC FUNDING SOURCE IS NOW CALLED TITLE IV-E ELIGIBLE.

- 01, 02 (if not licensed), 03, 04, 07, 11, 12, 14, 15, 16, 17, 19, 20, 22 and 23 are not Title IV-E eligible Living Arrangements. If a child is Title IV-E eligible but the Living Arrangement is not, a message should tell the worker that the child is Title IV-E eligible but the placement is not.

12) VALID FUNDING SOURCE CODES FOR EACH SCREEN ARE:

Screen #1: 2, 3, 4, AND 5

Screen #2: 1-6

Screen #3: 1-6, BUT WE ONLY PAY IF 4 AND STATE WARD. (SEE #4 ABOVE)

Screen #4: 1, 3, 4, 5, AND 6

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- 13) If the Living Arrangement is 07, Independent Living the worker should have the option of printing out a FIA Independent Living Agreement. The worker should be able to enter comments. This would only be allowed if it is an FIA supervised Independent Living arrangement. (See attached copy) A worker should only be able to enter comments from the placement screen. They should not be able to do so from the Print Generation Menu. IF A CHILD IS IN A FIA SUPERVISED IND. LIVING ARRANGEMENT THE IND. LIVING AGREEMENT NEEDS TO BE DONE EVERY QUARTER ALONG WITH THE USP. A TICKLER SHOULD BE GENERATED ALONG WITH A USP DUE TICKLER. THIS WAS NOT DETAILED IN THE TICKLER SPECIFICATIONS. A NEW INDEPENDENT LIVING AGREEMENT FORMAT IS ATTACHED TO THESE SPECIFICATIONS.
- 14) If a worker enters the Living Arrangement 01, Own Home, after a child has been out of home, AFCARS will be reported for a six month period of time as long as the child is not placed back into a foster care setting. After this six month period of time the case will be "closed to AFCARS reporting." For a specific definition of an Episode see Julie Tubbs-Lott's AFCARS database specifications. IT HAS BEEN DECIDED BY MARY ANN JENSEN AND THE SWSS POLICY TEAM THAT THE DEFINITION FOR AN EPISODE WILL BE FROM THE TIME THE CHILD IS PLACED OUT OF HOME UNTIL THE TIME THE CHILD IS RETURNED HOME. AS WAS STATED ABOVE AFCARS WILL BE REPORTED FOR SIX MONTHS AFTER THE CHILD IS RETURNED HOME. IF AT ANYTIME THE CHILD IS AGAIN REMOVED FROM HOME DURING THE SIX MONTHS OR AFTER THE SIX MONTHS IF THE CASE REMAINS OPEN ON SWSS, THIS WILL BE THE BEGINNING OF A NEW EPISODE. A WORKER WILL NEED TO FILL OUT THE REMOVAL CONDITIONS AGAIN IN THE LEGAL SECTION AND DETERMINE IN THE PARENTS SCREEN WHOM THE CHILD WAS REMOVED FROM AND WHAT WAS THE CARETAKER FAMILY STRUCTURE. A POP-UP BOX SHOULD TELL THE WORKER THEY NEED TO DO THESE THINGS AND THEN ASK THEM IF THEY WISH TO GO TO THESE SCREENS TO FILL OUT THIS INFORMATION. IN THE PARENTS SCREEN A LIST OF THE IDENTIFIED LEGAL PARENTS SHOULD DISPLAY FOR THE WORKER TO SELECT THE PARENT(S) THE CHILD WAS REMOVED FROM. HISTORY OF REMOVALS AND REMOVAL CONDITIONS WILL NEED TO BE KEPT. A QUESTION WILL ALSO NEED TO BE ASKED OF THE WORKER AT THIS TIME, "WAS THE CHILD REMOVED FROM THE HOME AS A RESULT OF A NEW PETITION." IF THE ANSWER IS "YES" THE WORKER SHOULD BE TOLD TO DO A NEW INITIAL FUNDING DETERMINATION.
- 15) A worker should also be able to print out a Foster Care Action Summary. This form replaces the Replacement Documentation Summary (FIA-4531), and the Termination of Foster Care Documentation. There are four separate actions a worker can do on the Foster Care Action Summary, but the only two actions that concern placement are the two aforementioned actions. (Other specifications will deal with #2 & 3) A worker can access this form in the placement screen for actions #1 and 4. From the Print Generation Menu they will be able to access all four actions. History will not need to be kept on this form. THERE IS A REVISED FORM ATTACHED TO THIS DOCUMENT.

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Edits: If the child is moved from one foster care placement setting to another, Living Arrangement codes, 2, 5, 7, 8, 23, 24 and 25, or 27, the worker should do a replacement documentation. If the Living Arrangement code stays the same, but there is a change in placement the worker should also do a replacement document. LIVING ARRANGEMENT 8 HAS BEEN ADDED HERE. IT IS A FOSTER HOME PLACEMENT.

If a child is moved from a foster care setting, see Living Arrangement codes above, to any other Living Arrangement code, then a Termination From Foster Care documentation should be done.

IF A CHILD IS MOVED FROM ONE FOSTER HOME TO ANOTHER OR IS MOVED FROM ANY OTHER LIVING ARRANGEMENT TO A FOSTER HOME THE WORKER NEEDS TO BE ASKED IF THEY NEED TO UPDATE ANY OF THE REQUIRED OR OPTIONAL NARRATIVE SECTIONS OF THE 5 DAY PACKET? IF THEY DO THEY SHOULD BE GIVEN THE OPTION OF WHAT PARTICULAR QUESTIONS THEY NEED TO UPDATE AS IT WORKS IN TRANSFER. THEN THE WORKER WILL NEED TO PRINT OUT A FOSTER PARENT COPY OF THE FIVE-DAY PACKET AND GIVE IT TO THE FOSTER PARENT. EVEN IF THE WORKER DOES NOT NEED TO UPDATE ANY OF THE NARRATIVE QUESTIONS, THEY STILL MUST GENERATE A FOSTER PARENT COPY OF THE 5 DAY PACKET TO GIVE TO THE NEW FOSTER PARENTS. THE QUESTION ASKING WHETHER THE FOSTER PARENTS HAVE RECEIVED AUTHORIZATION TO SEEK MEDICAL TREATMENT SHOULD ALSO BE ASKED WHEN THE WORKER IS FILLING OUT THESE NARRATIVE QUESTIONS. THIS IS DONE TO FULFILL LICENSING REQUIREMENTS. (SEE ATTACHED COPIES OF THE NARRATIVE QUESTIONS AND THE FOSTER PARENT COPY OF THE 5 DAY PACKET.) A FIA-3185 CAN BE ATTACHED TO THE FOSTER PARENT COPY TO DETAIL ALL OF THE CHILD'S PREVIOUS PLACEMENTS AND SCHOOL'S ATTENDED. THIS IS A TRAINING ISSUE. ALL COURT HISTORY INFORMATION SHOULD PRINT OUT ON THE FOSTER PARENT COPY THOUGH. THE WORKER SHOULD BE ABLE TO PRINT THIS AFTER UPDATING THE NARRATIVE OR FROM THE REPORT GENERATION MENU.

- 16) Provider Match should work the way it does in the Transfer process. Currently the Provider Match only works for Foster Homes, but specifications will be written for Provider Match to work for CCI's and Placing Agencies-These will be handled under the Provider specifications. A worker should be able to do a Provider Match for a Foster Home, Child Caring Institution, and Placing Agencies.
(Help/Error messages for this screen are also attached.)
- 17) For Help/Error messages see Help/Error tables which are attached. AFCARS Help/Error messages should use the AFCARS definitions included below. For AFCARS #50-55 when entering the Caretaker information on screen #2, the worker should be prompted to enter the female caretaker in the first box if appropriate.

EDITS:

- 1) CIS edits NEED TO BE PROGRAMMED INTO THE SYSTEM. These look at valid Living Arrangement Codes vs. Target Group/Legal Status, Funding Source, Eligibility and Foster Care Event. THE NEW CIS EDITS WITH THE NEW LIVING ARRANGEMENTS ARE ATTACHED. ALSO THE TABLE FOR DETERMINING WHAT PROVIDER IS ENTERED INTO THE PRIMARY PROVIDER VS. THE SECONDARY PROVIDER ON THE 133 AND THE 55 IS ATTACHED.
- 2) If a worker tries to enter a Placement End Date and a payment has not been authorized. A message should tell the worker that:
"A Payment has not been authorized-Do you need to authorize a payment before the placement ends?" This would only be a reminder, it should not prevent a worker from ending a placement.
- 3) If a child is under 10 and the Living Arrangement Code is 13-Child Caring Institution a message should display: "Is there Central Office Approval for this child to be placed in this setting?"
If the worker enters a "N" then they should not be able to AUTHORIZE PAYMENT and a message should tell them so.

AFCARS

1. AFCARS Foster Care Element #23:

DATE OF PLACEMENT IN CURRENT FOSTER CARE SETTING

- A) SWSS will need to read each case file to determine the most recent Placement Begin Date.
- B) If the child was discharged during the reporting period the "most recent" Placement Begin Date is to be reported.
- C) This is not a core data element.
- D) The definition for this Element is:

Def.: Month, Day and year the child moved into the current foster home, facility, residence, shelter, institution, etc. for purposes of continued foster care.

Edit: The Date of Latest Removal From Home, Element 21, {Which is on the Removal Conditions screen within Legal Information} must be equal to or prior to the Date of Placement in Current Foster Care Setting, Element 23.

2. AFCARS Foster Care Element #24:

NUMBER OF PREVIOUS PLACEMENT SETTINGS DURING THIS REMOVAL EPISODE

- A) This will be a cumulative count from the beginning of an episode across reporting periods. (See AFCARS DB specification for definition of an episode.
- B) Current placement setting is also included in this count.
- C) Trial Home Visit and Runaway, which are data reporting codes for Element #41 Current Placement Setting, will not be counted as a placement in Element #24. These AFCARS codes will map to FIA Living Arrangement codes 01, 03, and 22 for Trial Home visit, and 20, AWOL for Runaway. (See above)
PREVIOUSLY THE SPECIFICATIONS HAD SAID THAT A YOUTH IN INDEPENDENT LIVING WAS AN OWN HOME PLACEMENT BUT THIS IS NOT TRUE. IT IS AN OUT OF HOME PLACEMENT AND SHOULD BE COUNTED AS A PLACEMENT FOR THIS ELEMENT.

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- D) If the child is in a Foster Home which then becomes an adoptive home the Current Placement Setting will change but the Number of Placement Setting will remain the same, i.e., if the child is not moved but the type of placement changes, this will not change the count.
- E) This is not a core data element for reporting purposes.
- F) The definition for this Element is:
- G) IF THE CHILD IS IN AN UNLICENSED RELATIVE PLACEMENT THAT THEN BECOMES LICENSED THIS SHOULD COUNT AS ONLY ONE PLACEMENT.
COULD THIS BE DONE WITH A BOX AT THE BOTTOM OF THE UNLICENSED SCREEN IF THE CHILD IS PLACED IN AN UNLICENSED RELATIVE PLACEMENT, LIVING ARRANGEMENT 02, WHERE THE WORKER CAN CHECK THIS BOX IF THE RELATIVE BECOMES LICENSED. THE WORKER WOULD THEN HAVE TO MATCH THE UNLICENSED RELATIVE TO A LICENSED PROVIDER. THE PLACEMENT BEGIN DATE WOULD REMAIN THE SAME BUT A WORKER WOULD BE ABLE TO ENTER A PAYMENT FOR THE LICENSED RELATIVE IN THE PAYMENT SCREEN. THE PAYMENT BEGIN DATE COULD NOT BE BEFORE THE RELATIVE BECAME LICENSED.

Def: The number of places the child has lived, including the current setting, during the current removal episode.

Edit: There are no AFCARS edits for this field.

3. AFCARS Foster Care Element #41:

PLACEMENT SETTING (CURRENT)

- A) The AFCARS codes 1-8 below will not be included within SWSS for the worker to input. FIA Living Arrangement codes will continue to be used. FIA codes will need to be converted to AFCARS before they are reported. (See above conversion)
- B) If the Type of Placement Setting, Element 41, changes but the child remains in the same home, this change would not be counted in Element #24, i.e., if the child is in a foster home and it then becomes a pre-adoptive home the worker would change the Living Arrangement code but this would not count as another placement during the episode. (See #2-D above)
- C) If the child was discharged during the reporting period the "most recent" Placement Setting is to be reported.
- D) This is a core data element for reporting.
- E) Definition for this element is:

Def: Identify the type of setting in which the child currently lives.

- 1 Pre-Adoptive Home-A home in which the family intends to adopt the child. The family may or may not be receiving a foster care payment or an adoption subsidy on behalf of the child.
- 2 Foster Family Home (Relative)-A licensed or unlicensed home of the child's relatives regarded by the State as a foster care living arrangement for the child.
- 3 Foster Family Home (Non-Relative)-A licensed foster family home regarded by the State as a foster care living arrangement.
- 4 Group Home-A licensed or approved home providing 24-hour care for children in a small group setting that generally has from seven to twelve children.
- 5 Institution-A child care facility operated by a public or private agency and providing 24-hour care and/or treatment for children who require separation from their own homes and group living experience. These facilities may include: Child care institutions; residential treatment facilities; maternity home; etc.

- 6 Supervised Independent Living-An alternative traditional living arrangement where the child is under the supervision of the agency but without 24-hour adult supervision, is receiving financial support from the child welfare agency, and is in a setting which provides the opportunity for increased responsibility for self care.
- 7 Runaway-The child has run away from the foster care setting.
- 8 Trial Home Visit-The child has been in a foster care placement but, under State agency supervision, has been returned to the principal caretaker for a limited and specified period of time.

Edit: If Current Placement Setting, Element #41 is a value that indicates that the child is not in a foster family or pre-adoptive home, then elements 49-55{Foster parent information} must be zero (0).

4. AFCARS Foster Care Element # 42:

PLACEMENT (OUT OF STATE)

- A) Only the State with the placement and care responsibility for the child should include the child in the AFCARS reporting system. Therefore, Michigan will not report on any Inter-State cases that have come from other States where we are providing courtesy supervision.
- B) If the Living Arrangement is 22-27 the State will report this to AFCARS as a 1-Yes. Michigan's Living Arrangement codes will need to be converted when reporting this element.
- C) This is a Core, (Special Case) element.{Whatever that means.}
- D) The definition for this Element is:

Def: The type of setting in which the child currently lives is located in another State.

Allowable Values are:

- 1 Yes-The current placement setting is located outside of the State making the report.
- 2 No-The child continues to reside within the State making the report.

Edit: There are no AFCARS edits for this Element.

5. When a child is placed with a Foster care provider who is loaded onto SWSS AFCAR Elements 49-55 are already associated with them for reporting purposes. If the child is placed in an Unlicensed Foster Care provider or a Michigan relative that is not paid through Manual Payments these data elements will need to be captured with each child on the placement screen. If a child is placed in "Own Home" Living Arrangement 01, then AFCARS are not reported.
See screen # 2 above for a mock-up of the screen. Below are the Conditions, definitions and edits for these Elements.

AFCARS Foster Care Element #49:

FOSTER FAMILY STRUCTURE

- A) The Foster Family Structure should be reported as to the structure of the home at the end of the reporting period, not when the child is placed in the home.
- B) This is not a core data element for reporting purposes.
- C) Definition for this Element is:

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Def: Select from the four alternatives--married couple, unmarried couple, single female, single male--the category which best describes the nature of the foster parents with whom the child is living in the current foster care episode.

- 0 Not Applicable
- 1 Married Couple
- 2 Unmarried Couple
- 3 Single Female
- 4 Single Male

Edits: If Current Placement Setting, element 41, is a value that indicates that the child is not in a foster family or pre-adoptive home, then elements 49-55 must be zero (0).

AFCARS Foster Care Elements #50 and #51:

YEAR OF BIRTH (1ST FOSTER CARETAKER) (2ND FOSTER CARETAKER)

- A) If the Family Structure, Element #49 is a Married Couple or an Unmarried Couple or Single Female, then the first caretaker should be the mother. If the Family Structure is Single Male the first caretaker should be the father.
- B) If this data field is blank for reporting this means that the child is not in a family foster care setting. (AFCARS #41) Or there is no information for this element.
- C) If AFCARS Element #51 is blank either one of the above mentioned conditions is true or the Foster Family Structure is one caretaker.
- D) This is not a core data element for AFCARS reporting purposes.
- E) Definition for these Elements are:

Def: Year that the first(second) foster caretaker was born. If the exact year of birth is unknown, enter an estimated year of birth.

Edit: If Current Placement Setting, Element #41, is a value that indicates that the child is not in a foster family or pre-adoptive home, then Elements 49-55 must be zero (0).

AFCARS Foster Care Elements #52 and #54:

RACE (1ST FOSTER CARETAKER) (2ND FOSTER CARETAKER)

- A) Use the ASSIST race codes for this element.
- B) If the Family Structure, Element #49 is a Married Couple or an Unmarried Couple or Single Female, then the first caretaker should be the mother. If the Family Structure is Single Male the first caretaker should be the father.
- C) If this data field is blank for reporting this means that the child is not in a family foster care setting. (AFCARS #41) Or there is no information for this element.
- D) If AFCARS Element #54 is blank either one of the above mentioned conditions is true or the Foster Family Structure is one caretaker.
- E) This is not a core data element for AFCARS reporting purposes.
- F) Definition for these Elements are:

Def: In general, a person's race is determined by how others define them or by how they define themselves.

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- 0 Not Applicable
- 1 White-A person of European, North African, or Middle Eastern origin.
- 2 Black-A person whose ancestry is any of the black racial groups of Africa.
- 3 American Indian/Alaskan Native-A person whose ancestry is North American, and who maintains tribal affiliation or is so recognized in the community.
- 4 Asian/Pacific Islander-A person whose origin is the Far East, Southeast Asia, the Indian Sub-continent, or the Pacific islands. This includes for example, China, India, Japan, Korea the Phillippine Islands, Samoa and Vietnam.
- 5 Unable to Determine-The specific race category is "unable to determine" because the child is very young or is severely disabled and no person is available to identify the child's race. {This does not appear to be appropriate in this Element.}

Edits: If Current Placement Setting, Element #41, is a value that indicates that the child is not in a foster family or pre-adoptive home, then Elements 49-55 must be zero (0).

AFCARS Foster Care Elements #53 and #55:

HISPANIC ORIGIN(1ST FOSTER CARETAKER) (2ND FOSTER CARETAKER)

- A) Hispanic Origin is not a race according to AFCARS, it is an ethnicity, and must be distinguished as such. Therefore, ASSIST race codes can not be converted to this Element.
- B) If the Family Structure, Element #49 is a Married Couple or an Unmarried Couple or Single Female, then the first caretaker should be the mother. If the Family Structure is Single Male the first caretaker should be the father.
- C) If this data field is blank for reporting this means that the child is not in a family foster care setting. (AFCARS #41) Or there is no information for this element.
- D) If AFCARS Element #55 is blank either one of the above mentioned conditions is true or the Foster Family Structure is one caretaker.
- E) This is not a core data element for AFCARS reporting purposes.
- F) Definition for these Elements are:

Def: Answer yes, "Y" if the first(second) caretaker is a Mexican, Puerto Rican, Cuban, Central or South American person, or person of other Spanish cultural origin regardless of race. Whether or not a person is Hispanic is determined by how others define them or how they define themselves.

- 0 Not Applicable
- 1 Yes
- 2 No
- 3 Unable to Determine

Edits: If Current Placement Setting, Element #41, is a value that indicates that the child is not in a foster family or pre-adoptive home, then Elements 49-55 must be zero (0).

AFCARS Element # 61:

TITLE IV-A(AID TO FAMILIES WITH DEPENDENT CHILDREN-SOURCE(S) OF

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FEDERAL SUPPORT

- A) If a child is placed with an Unlicensed Relative a pop-up box should appear that asks the worker: "Are the Relatives receiving FIP on behalf of the child placed with them? Y/N"
- B) FIP-Family Independence Program is the Title IV-A block grant funding that the state is receiving instead of AFDC.
- C) A Relative who is licensed cannot receive both Title IV-E and Title IV-A funding. Therefore, if a relative is licensed and receiving foster care payments they can not also receive FIP.
- B) This is not a Core data element.
- C) The definition for this element is:

Def: Child is living with relative(s) whose source of support is an AFDC payment for the child.

Allowable Values are:

1=Applies

2=Does not apply

Edits: At least one element between elements 59-65 must be answered by selecting a "1". Enter a zero for sources that do not apply.

..... END REPORT

CHILDREN'S SWSS
ELEMENT DESCRIPTION FORM
(Attachment to REQUIREMENTS FORM)

Assigned Policy ANALYST:	Carol Kraklan
DATE Received by BuIS:	
Requirement # (from BuIS)	

TOPIC:

Foster Care Placement Data Elements-C07

ELEMENT NAME	DESCRIPTION	TYPE - Alpha, numeric, A/N	SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	ON CIS/PSMIS/ AFCARS?
Living Arrangement	01-Own Home	Numeric	2	Required	CIS
	02-Relatives				
	03-Legal Guardian				
	04-Adoptive Home				
	05-FIA Foster Home				
	06-Foster Home-Private Agency				Will be deleted from CIS
	07-Independent Living				
	08-Group Home				Will be deleted from CIS
	09-Public Shelter Home/Facility				
	10-Residential Care Centers-FIA				
	11-Detention				
	12-Jail				
	13-Child Caring Institutions				
	14-FIA Training School				
	15-Nokomis Challenge				
	16-Mental Health Facility				
	17-Court Treatment Facility				
	18-Out of State Placement				Will be deleted from CIS
	19-Boarding School/Runaway				

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print date: 11/13/97

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	Service Facility				
	20-AWOL				
	21-Arbor Heights				
	22-Out of State Placement-Parent				Not on CIS yet
	23-Out of State Placement- Relative				Not on CIS yet
	24-Out of State Placement-Foster Home				Not on CIS yet
	25-Out of State Placement-Child Placing Agency				Not on CIS yet
	26-Out of State placement- Institution				Not on CIS yet
	27-Out of State Licensed Relative				Not on CIS yet
Funding Source	1-Own Family/Adoptive family	Numeric	1	Required	CIS
	2-ADC-F				
	3-County Child Care Fund				
	4-State Ward Board & Care or State Facility Appropriation				
	5-Temporary Foster Care				
	6-Self-Supporting				
Family Structure	0-Not Applicable	Numeric	1	Conditional	AFCARS
	1-Married Couple				
	2-Unmarried Couple				
	3-Single Female				
	4-Single Male				
Race	Use ASSIST Codes			Required	CIS/ASSIST
County	County Codes	Numeric	2	Required	

Table of:

10/97

<u>Living Arrangement</u>	<u>Supervising Agency</u>	<u>Provider ID - I</u>	<u>Provider ID - H</u>
1 own home	1 FIA	blank	blank
	2 Private Agency	CA	blank
2 relatives	1 FIA	blank, FH, MR	blank
	2 Private Agency	CA	FH, blank
3 legal guardian	1 FIA	blank	blank
	2 Private Agency	CA	blank
4 adoptive home	1 FIA	blank	blank
	2 Private Agency	CA	blank
5 foster home	1 FIA	FH	blank
	2 Private Agency	CA, AA, AW	FH
6 NA	NA	NA	NA
	NA	NA	NA
7 independent living	1 FIA	case #	blank
	2 Private Agency	CA	blank
8 group home FIA	1 FIA	FH	blank
	2 Private Agency	CA	FH
9 public shelter	1 FIA	FH, CA	blank
	2 Private Agency	CA	FH, CA
10 res care center FIA	1 FIA	CA	blank
	2 Private Agency	NA	NA
11 detention	1 FIA	CA, FH	blank
	2 Private Agency	CA	CA, FH
12 jail	1 FIA	blank	blank
	2 Private Agency	CA	blank
13 private child care inst	1 FIA	CA, AI	blank
	2 Private Agency	CA (if county 82), NA	CA (if county 82), NA
14 FIA training school	1 FIA	CA	blank
	2 Private Agency	NA	NA
15 FIA camp	1 FIA	CA, SC	blank
	2 Private Agency	NA	NA
16 mental health facility	1 FIA	blank	blank
	2 Private Agency	CA	blank
17 court treatment fac	1 FIA	CA	blank
	2 Private Agency	NA	NA
18 NA	NA	NA	NA
	NA	NA	NA
19 bs, run, hosp, adult fc	1 FIA	blank	blank
	2 Private Agency	CA	blank
20 AWOL	1 FIA	blank	blank
	2 Private Agency	CA	blank
21 Arbor Heights	1 FIA	CA	blank
	2 Private Agency	NA	NA
22 out of state parent	1 FIA	blank	blank
	2 Private Agency	NA	NA
23 out of state relative	1 FIA	SR, blank	blank
	2 Private Agency	NA	NA
24 out of state foster hm	1 FIA	SF, blank	blank
	2 Private Agency	NA	NA
25 out of state plc ag	1 FIA	SA, SW	blank
	2 Private Agency	NA	NA
26 out of state CCI	1 FIA	SI	blank
	2 Private Agency	NA	NA
27 out of state lic relat	1 FIA	SF, blank	blank
	2 Private Agency	NA	NA

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TABLE 10
LIVING ARRANGEMENT - RECIPIENT AGE

LIVING ARRANGEMENT RECIPIENT AGE																												
	1. OWN HOME/PARENTS	2. RELATIVES	3. LEGAL GUARDIAN	4. ADOPTIVE HOME	5. FOSTER HOME	7. INDEPENDENT LIVING	8. GROUP HOME (FIA)	9. PUBLIC SHELTER HOME/FAC.	10. RESIDENTIAL CARE CENTER (FIA)	11. DETENTION	12. JAIL	13. PRIV. CHILD CARING INSTIT.	14. FIA STATE INSTITUTION	15. FNKOMIS CHALLENGE PROGRAM	16. MENTAL HEALTH FACILITY	17. COURT TREATMENT FACILITY	18. BOARDING SCHOOL	20. AWOL	21. ARBOR HEIGHTS	22. OUT OF STATE PARENT	23. OUT OF STATE RELATIVE	24. OUT OF STATE FOSTER HOME	25. OUT OF STATE CHILD PLACING AGENCY	26. OUT OF STATE CHILD CARING INSTITUTION	27. OUT OF STATE CHILD CARING INSTITUTION	28. OUT OF STATE CHILD CARING INSTITUTION	29. OUT OF STATE CHILD CARING INSTITUTION	30. OUT OF STATE CHILD CARING INSTITUTION
0-4	X	X	X	X	X			X				X			X		X	X	X		X	X	X	X	X	X	X	X
5-11	X	X	X	X	X			X				X			X	X	X	X		X	X	X	X	X	X	X	X	X
12-13	X	X	X	X	X		X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X
14-15	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
16 - until 21st birthday	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

**EDIT 5221 - INVALID LIVING ARRANGEMENT -
FOR RECIPIENT AGE**

EXHIBIT

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FIA SUPERVISION
TABLE 3A
LIVING ARRANGEMENT - PROVIDER NUMBER 1

LIVING ARRANGEMENT PROVIDER NUMBER	1. OWN HOME, PARENTS	2. RELATIVES	3. LEGAL GUARDIAN	4. ADOPTIVE HOME	5. FOSTER HOME	7. INDEPENDENT LIVING	8. GROUP HOME (FIA)	9. PUBLIC SHELTER HOME/FAC.	10. RESIDENTIAL CARE CENTER	11. DETENTION	12. JAIL	13. PRIV. CHILD CARING INSTIT.	14. FIA STATE INSTITUTION	15. NOKOMIS CHALLENGE PROG.	16. MENTAL HEALTH FACILITY	17. COURT TREATMENT FACILITY	19. BOARDING SCHOOL	20. AWOL	21. ARBOR HEIGHTS	22. OUT OF STATE PARENT	23. OUT OF STATE RELATIVE	24. OUT OF STATE FOSTER HOME	25. OUT OF STATE CHILD PLACING AGENCY	26. OUT OF STATE CHILD CARING INSTITUTION	27. OUT OF STATE REL. W/AD. FOSTER HOME
NONE	X	X	X	X							X				X		X	X		X	X	X	X	X	X
FH 7 DIGITS - Family Foster Home		X			X		X	X	X																
CA 5 DIGITS - Child Placing Agencies and Institutions								X	X	X		X	X	X		X			X						
SC 5 DIGITS - Nokomis														X											
SI 7 DIGITS - Out of State Instit.																								X	
SF 7 DIGITS - Out of State Family Foster Home																						X			X
SR 7 DIGITS - Out of State Relative's home																					X				
MR 7 DIGITS - Michigan Relative's home		X																							
AI 7 DIGITS - Michigan Institution without a service contract												X													
AA 7 DIGITS - MI Chld Plc. Agency with adopt. serv. - no contract																									
AW 7 DIGITS - MI Chld Plc. Agency w/out adopt. serv. - no contract																									
Case #						X																			
SA 7 DIGITS - Out of State CPA with adoption services																							X		
SW 7 DIGIT - Out of State CPA w/out adopt. services																							X		

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CPA SUPERVISION
TABLE 3B
LIVING ARRANGEMENT - PROVIDER NUMBER 1

LIVING ARRANGEMENT PROVIDER NUMBER	1. OWN HOME, PARENTS 2. RELATIVES 3. LEGAL GUARDIAN 4. ADOPTIVE HOME 5. FOSTER HOME 7. INDEPENDENT LIVING 8. GROUP HOME (FIA) 9. PUBLIC SHELTER HOME/FAC. 10. RESIDENTIAL CARE CENTER 11. DETENTION 12. JAIL 13. PRIV. CHILD CARING INSTIT. 14. FIA STATE INSTITUTION 15. NOKOMIS CHALLENGE PROG. 16. MENTAL HEALTH FACILITY 17. COURT TREATMENT FACILITY 19. BOARDING SCHOOL 20. AWOL 21. ARBOR HEIGHTS 22. OUT OF STATE PARENT 23. OUT OF STATE RELATIVE 24. OUT OF STATE FOSTER HOME 25. OUT OF STATE CHILD PLACING AGENCY 26. OUT OF STATE CHILD CARING INSTITUTION 27. OUT OF STATE REL. W/AD. FOSTER HOME																										
NONE																											
FH 7 DIGITS - Family Foster Home																											
CA 5 DIGITS - Child Placing Agencies and Institutions	X	X	X	X	X	X	X	X		X	X	(X)			X		X	X									
SC 5 DIGITS - Nokomis																											
SI 7 DIGITS - Out of State Instit.																											
SF 7 DIGITS - Out of State Family Foster Home																											
SR 7 DIGITS - Out of State Relative's home																											
MR 7 DIGITS - Michigan Relative's home																											
AI 7 DIGITS - Michigan Institution without a service contract												(X)															
AA 7 DIGITS - MI Chld Plc. Agency with adopt. serv. - no contract					X																						
AW 7 DIGITS - MI Chld Plc. Agency w/out adopt. serv. - no contract					X																						

NOTE: (X) - ONLY IN COUNTY 82

FIA SUPERVISION
TABLE 3C
LIVING ARRANGEMENT - PROVIDER NUMBER 2

LIVING ARRANGEMENT PROVIDER NUMBER	1. OWN HOME, PARENTS	2. RELATIVES	3. LEGAL GUARDIAN	4. ADOPTIVE HOME	5. FOSTER HOME	7. INDEPENDENT LIVING	8. GROUP HOME (FIA)	9. PUBLIC SHELTER HOME/FAC.	10. RESIDENTIAL CARE CENTER	11. DETENTION	12. JAIL	13. PRIV. CHILD CARING INSTIT.	14. FIA STATE INSTITUTION	15. NOKOMIS CHALLENGE PROG.	16. MENTAL HEALTH FACILITY	17. COURT TREATMENT FACILITY	18. BOARDING SCHOOL	20. AWOL	21. ARBOR HEIGHTS	22. OUT OF STATE PARENT	23. OUT OF STATE RELATIVE	24. OUT OF STATE FOSTER HOME	25. OUT OF STATE CHILD PLACING AGENCY	26. OUT OF STATE CHILD CARING INSTITUTION	27. OUT OF STATE REL. W/LC. FOSTER HOME
NONE	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
FH 7 DIGITS - Family Foster Home																									
CA 5 DIGITS - Child Placing Agencies and Institutions																									
SC 5 DIGITS - Nokomis																									
SI 7 DIGITS - Out of State Instit.																									
SF 7 DIGITS - Out of State Family Foster Home																									
SR 7 DIGITS - Out of State Relative's home																									
MR 7 DIGITS - Michigan Relative's home																									
AI 7 DIGITS - Michigan Institution without a service contract																									
AA 7 DIGITS - MI Chld Plc. Agency with adopt. serv. - no contract																									
AW 7 DIGITS - MI Chld Plc. Agency w/out adopt. serv. - no contract																									

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CPA SUPERVISION
TABLE 3D
LIVING ARRANGEMENT - PROVIDER NUMBER 2

LIVING ARRANGEMENT PROVIDER NUMBER	1. OWN HOME, PARENTS	2. RELATIVES	3. LEGAL GUARDIAN	4. ADOPTIVE HOME	5. FOSTER HOME	7. INDEPENDENT LIVING	8. GROUP HOME (FIA)	9. PUBLIC SHELTER HOME/FAC.	10. RESIDENTIAL CARE CENTER	11. DETENTION	12. JAIL	13. PRIV. CHILD CARING INSTIT.	14. FIA STATE INSTITUTION	15. NOKOMIS CHALLENGE PROG.	16. MENTAL HEALTH FACILITY	17. COURT TREATMENT FACILITY	19. BOARDING SCHOOL	20. AWOL	21. ARBOR HEIGHTS	22. OUT OF STATE PARENT	23. OUT OF STATE RELATIVE	24. OUT OF STATE FOSTER HOME	25. OUT OF STATE CHILD PLACING AGENCY	26. OUT OF STATE CHILD CARING INSTITUTION	27. OUT OF STATE REL. W/IC. FOSTER HOME
	NONE																								
NONE	X	X	X	X		X					X	X			X		X	X							
FH 7 DIGITS - Family Foster Home		X			X		X	X		X															
CA 5 DIGITS - Child Placing Agencies and Institutions							X			X		(X)													
SC 5 DIGITS - Nokomis																									
SI 7 DIGITS - Out of State Instit.																									
SF 7 DIGITS - Out of State Family Foster Home																									
SR 7 DIGITS - Out of State Relative's home																									
MR 7 DIGITS - Michigan Relative's home																									
AI 7 DIGITS - Michigan Institution without a service contract																									
AA 7 DIGITS - MI Child Plc. Agency with adopt. serv. - no contract																									
AW 7 DIGITS - MI Child Plc. Agency w/out adopt. serv. - no contract																									

NOTE: (X) - ONLY IN COUNTY 82

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TABLE 2
FOSTER CARE EVENT - LIVING ARRANGEMENT

FOSTER CARE EVENT		LIVING ARRANGEMENT																										
		01. OWN HOME	02. RELATIVES	03. GUARDIAN	04. ADOPT HOME	05. FH	07. IND. LIVING	08. OP HOME (FIA)	09. SH	10. HWH (FIA)	11. DETENTION	12. JAIL	13. INSTITUTION	14. ST. INST.	15. NOKOMIS CHALLENGE PROGRAM	16. M HEALTH FAC	17. CT TREAT FAC	19. BOARDING	20. AWOL	21. ARBOR HEIGHTS	22. OUT OF STATE PARENT	23. OUT OF STATE RELATIVE	24. OUT OF STATE FOSTER HOME	25. OUT OF STATE CHILD PLACING AGENCY	26. OUT OF STATE CHILD CARING INSTITUTION	27. OUT OF STATE REL. W/IC. FOSTER HOME		
RETURN HOME	01	X																			X							
OTHER PARENT	02	X																			X							
VOL RELEASE	03		X	X		X	X	X	X	X	X	X				X	X	X	X			X	X	X	X	X		
PETITION	04		X	X		X	X	X	X	X	X	X				X	X	X	X	X		X	X	X	X	X		
RELATIVE	05		X	X		X																X	X	X		X		
NO OUTCOME	06		X	X		X	X	X	X	X	X	X				X	X	X	X	X		X	X	X	X	X		

TABLE 5
LIVING ARRANGEMENT - TARGET GROUP

LIVING ARRANGEMENT TARGET GROUP/ LEGAL STATUS		1. OWN HOME, PARENTS 2. RELATIVES 3. LEGAL GUARDIAN 4. ADOPTIVE HOME 5. FOSTER HOME 7. INDEPENDENT LIVING 8. GROUP HOME (FIA) 9. PUBLIC SHELTER HOME/FAC. 10. RESIDENTIAL CARE CENTER 11. DETENTION 12. JAIL 13. PRIV. CHILD CARING INSTIT. 14. FIA STATE INSTITUTION 15. NOKOMIS CHALLENGE PROG. 16. MENTAL HEALTH FACILITY 17. COURT TREATMENT FACILITY 19. BOARDING SCHOOL 20. AWOL 21. ARBOR HEIGHTS 22. OUT OF STATE PARENT 23. OUT OF STATE RELATIVE 24. OUT OF STATE FOSTER HOME 25. OUT OF STATE CHILD PLACING AGENCY 26. OUT OF STATE CHILD CARING INSTITUTION 27. OUT OF STATE REL. W/IC. FOSTER HOME																										
		1.	2.	3.	4.	5.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	19.	20.	21.	22.	23.	24.	25.	26.	27.		
COURT WARD	40	X	X	X		X	X	X	X	X	X	X	X		X	X	X	X	X		X	X	X	X	X	X		
PERM. COURT WARD	41		X	X		X	X	X	X	X	X	X	X			X	X	X	X			X	X	X	X	X		
TEMP. CT. WARD NEG	42	X	X	X		X	X	X	X	X	X	X	X			X	X	X	X		X	X	X	X	X	X		
CT. WARD-SUP ADPTN.	43				X				X		X	X	X			X		X	X						X			
STATE WARD-MCI	44		X			X	X	X	X	X	X	X	X			X	X	X	X	X			X	X	X	X		
STEMP. OBSER.-MCIO	45	X	X	X		X	X	X	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X		
STATE WARD-DEL	46	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
OTI-DEL	47	X	X	X		X	X		X		X	X	X		X	X	X	X	X									
OTI-NEGLECT	48	X	X	X		X	X		X		X	X	X			X	X	X	X									
OTI-ADOPTION	49				X				X				X			X		X	X									
NON-WARD DEL. PET.	50	X	X	X		X	X	X	X		X	X	X			X	X	X	X		X	X	X	X	X	X		
NON. WARD	51	X	X	X		X	X	X	X		X	X	X			X	X	X	X									
DUAL WARSHIP	52		X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X		

**EDIT 2359 - INVALID LIVING ARRANGEMENT -
TARGET GROUP COMBINATION**

EXHIBIT

44

TABLE 4
LIVING ARRANGEMENT - FUNDING SOURCE

LIVING ARRANGEMENT 	
--	--

EDIT 2358 - INVALID LIVING ARRANGEMENT -
FUNDING SOURCE COMBINATION

EXHIBIT

45

CHILD NAME: HAPPY CAHS

SCREEN A

Enter x to add or modify narrative. An * indicates text has been entered.

- ☐ *1. Briefly identify child's physical information, relationships, special need
- ☐ *2. Indicate preparation for placement that was completed for child.
- ☐ *3. Briefly describe child's physical & emotional state at time of placement
- ☐ *4. Identify medicine &/or special medical instructions for foster parents.
- ☐ *5. List immediate needs and significant services to be provided to child.
- ☐ *6. Briefly summarize the parent(s) interaction with children and each other
- ☐ *7. Describe circumstances leading to the need for foster care.
- ☐ *8. List immediate needs and services to be provided to parent to meet needs
- ☐ *9. Briefly summarize services provided to the child and parents/guardian.
- ☐ *10. List needed services not provided to the child, parent/guardian and why
- ☐ *11. State the likely harm to the child if separated from parents/guardian.
- ☐ *12. State the likely harm to the child if returned to parents/guardian.

Required narrative for S day packet

CHILD NAME: HAPPY WILKS

SCREEN A

Enter x to add or modify narrative. An * indicates text has been entered.

- ☐ *1. List and describe any accidents/problems:
- ☐ *2. List and describe any operations.
- ☐ *3. List and describe any hospital treatment.
- ☐ *4. List any significant health issues of other biological relatives.
- ☐ *5. Describe any special education needs.

CANCEL OK PRINT DATA

rule 279 - Name of Child - agency & worker

- Child's known beh. characteristics needs - plans to meet those needs
- medical authorization
- Current physical - medical history

SWSS Project
User Requirements
Placement Module

October 27, 1999

PLACEMENT OUTLINE/CHILD AND FAMILY SOCIAL HISTORY
=====

CPS Case Name: [REDACTED] CPS Worker #: 42003005
CPS Case#: K [REDACTED] P CPS Log#: 0000127
CFC Case Name: [REDACTED] CFC Worker #:
County: 42-KEWEENAW

CHILD DETAILS

Recipient#: [REDACTED] SSN:
DOB: 05/19/1995 Race: 5-UNKNOWN (NON-MIGRANT)
Sex: M-MALE On ADC?: NO
Legal Status: 42-TEMPORARY COURT WARD NEG
Native American: NO
Religious Pref: uk-UNKNOWN Language: E-ENGLISH
Birth Certificate - Received: Yes_ No_ Date Applied: __/__/____
Current Placement Date: 05/04/1996
Placement Reason: SA-Sexual Abuse (alleged/reported)
Living arrangement: 05-FOSTER HOME - DSS
Provider #: fh8110435 AGOPIAN PATRICK & TINA

MEDICAL INFORMATION

Insurer Name: 11 EQUITABLE LIFE ASSURANCE COMPANY
Policy Holder Name: [REDACTED]
Contract#: [REDACTED] Group#:98987 Plan Code: hji978
FIA 3762 given to Foster Parents?: YES
Present Doctor: [REDACTED]
Address: [REDACTED]
phone: [REDACTED]
Last physical: / /

CURRENT MEDICATION

4. Current medicine and/or special medical instructions given to foster parent(s) at the time of placement:

four

FOSTER PARENTS COPY

FC Case Name: [REDACTED]

COURT INFORMATION

Court of Jurisdiction: KEWEENAW COUNTY PROBATE COURT

County Charged: 12 BRANCH	
Order Type: 04 Adjudication	
Order Date: 05/05/1996	
Petition Date: 05/01/1996	Prelim Hearing Date: 05/01/1996
Adjudication Date: 05/04/1996	Disposition Date: 05/05/1996
Next Hearing Date: 06/16/1996	

Legal Status: 42-TEMPORARY COURT WARD NEG

FOSTER PARENTS COPY

FC Case Name: LIMB BRANCH

CHILD ASSESSMENT

PHYSICAL/EMOTIONAL DEVELOPMENT

1. Briefly identify the child's physical development; how the child compares physically to peers his/her age/behavior development; child's adjustment to home &/or school relationships; the relationship with age-appropriate peers; relationship with siblings. Identify any special needs of the child including any immediate and significant health needs, and plans to meet those needs. List significant identifying physical information; include eye color, hair color, height, weight, complexion, birth marks or scars.

ok

EDUCATIONAL SERVICES

School:

Grade Level: 01

5. Special Education Needs:

NO RESPONSE

PREPARATION FOR PLACEMENT

2. Indicate preparation for placement that was completed for child.

two

PHYSICAL AND EMOTIONAL STATE

3. Briefly describe child's physical & emotional state at time of placement.

three

RECOMMENDED TYPE OF FOSTER CARE

Recommended type of Home: F - FAMILY
of Parents: 2 - TWO PARENT
Coed: YES

5. Immediate needs and significant services to be provided to the child to meet those needs.

5

50

FOSTER PARENTS COPY

FC Case Name: [REDACTED]

Have there been previous placements? ☐ Yes ☐ No
If yes, is a FIA-3185 or other Placement history attached? ☐ Yes ☐ No

Record requested from _____ Date _____

FOSTER PARENTS

Provider #: [REDACTED]

Mother:

Race: - _____ DOB: _____

Father:

Race: - _____ DOB: _____

Placement address: [REDACTED]

phone #: [REDACTED]

Foster Parent Signature _____ Date _____

CPS Worker Signature _____ Date _____

CPS Worker Name: Carol Kraklan

Phone#: (517)241-7977

CFC Worker Signature _____ Date _____

Agency Name: AGOPIAN PATRICK & TINA

Agency Signature _____ Date _____


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STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To: Fred Wollmer

Date: September 29, 1997

From: Mary Ann Jensen 

Subject: Definition of AWOL for Reporting and Information System Purposes

This is to confirm the agreement reached last week regarding reporting of AWOL's on the information systems. The following is my understanding of the clarified policy:

- AWOL's (escapes, trancies, etc.) are to be reported to the local office case manager within 24 hours of the occurrence.
- They are to be recorded on the information system, at this point CIS/CSMIS, with the date of the actual occurrence.
 - We will change the Living Arrangement definition of AWOL to read: "The youth is absent from an approved placement due to escape, truancy, etc. The date the placement changed is the date the youth left the approved placement."
- Payments to foster parents and private child caring institutions may be processed for a 5 day bed hold in accordance with SM Item 903.7.
 - We will revise this item to clarify that a non-scheduled payment will be necessary to pay for the bed hold.
 - The statement "for reporting purposes, placement covered under this policy shall be considered to remain intact during the period payment is continued" will be deleted.

Please let me know if this is your understanding.

cc: Helen Weber
Knud Hansen
Bill Dodge
Tom Thelen
Mary Jenkins
SWSS Development Team

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STATE OF MICHIGAN FAMILY INDEPENDENCE AGENCY		722	69
SERVICES MANUAL	PROGRAM	DATE	
CHILDREN AND YOUTH	FOSTER CARE	EFF 7/1/97 SM 97-16	

INDEPENDENT LIVING AGREEMENT FORMAT

I. In order to be approved for independent living and to continue to receive independent living benefits, I agree to the following conditions:

- A. To be a responsible individual and to obey the laws of the state, county and the city where I live.
- B. To always let my worker know where I live and approve my living situation.
- C. To be employed on a regular basis or attend a school or vocational program on a regular basis.
- D. To meet with my worker monthly.
- E. To meet the following special conditions and goals for my employment or education program as outlined by my worker: (these conditions may address hours of employment, work habits, special training assignments, and other pertinent factors).
 - 1.)
 - 2.)
 - 3.)
 - 4.)
 - 5.)
 - 6.)

II. If the above conditions are met, your worker will:

- A. Arrange for a Agency independent living allowance, if appropriate, to be received every two weeks. The allowance will start no sooner than 15 days before the date you begin employment or school;
- B. Provide employment counseling and support services for you. This may include assistance with clothing and transportation when you begin employment;
- C. Arrange on-the-job assistance for you and services for you and your employer if problems arise;
- D. Meet with you monthly for purposes of assisting you to meet the conditions of this agreement;
- E. Provide or arrange other necessary support services.
- F. Attach shelter verification items, first month budget, and extent of budget responsibilities.

I understand that I must arrange to see my worker in person at least monthly. I also understand that, if I do not meet all of the above conditions, my independent living status and/or allowance may be terminated immediately.

WARD _____
WORKER _____
ADDRESS _____
TELEPHONE _____
SUPERVISOR _____

DATE _____
DATE _____
DATE _____

cc: Youth, Case File

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October 27, 1999

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To: Sue London

Date: February 28, 1997

From: 
Mary Ann Jensen

Subject: AFCARS Questions of 2/14/97

Attached are our responses to the questions raised in your February 14th memo concerning definitions of "placement setting". Also, included are responses to various E-mails and other questions and issues that have been identified.

cc: Jim Beougher
Bryan Stewart
Julie Tubbs-Lott
Carol Kraklan ✓
Carolyn Snyder

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The following AFCARS codes are matched to the CSMIS codes. Below are the CSMIS codes and definitions listed. The CSMIS living arrangement codes for child care institution and public shelter need to have a table associated with them that shows the CA # and the number of beds the facility is licensed for. This determines which AFCARS placement code matches with which CSMIS living arrangement. This is needed because AFCARS definitions are determined by size.

CSMIS group home code (8) is really a foster home licensed for 5 or 6 children, the only group homes using that code on CSMIS are the CRC group homes and those are being phased out. As the other living arrangement codes are updated on CSMIS this code should be deleted and workers instructed to code those CRC group homes as family foster homes. This is how SWSS should proceed.

The other living arrangement code changes that are being worked on for CSMIS are codes 6, 18, 19 and 22-27. They are identified below with quotes. SWSS should develop requirements with these changes.

In Michigan there are no "trial home visits", all placements at home are open ended. Julie has explained to the Fed's that a home placement is an "aftercare" situation. This is the same-aftercare=trial home visit. For AFCARS reporting, if a child is placed in their own home, and stays there, they should be reported to AFCARS for 6 months and then reported as discharged from foster care. If they are removed from home again, (a court order is needed), then this will "open" a new case and start a new episode for AFCARS reporting. But, for state reporting the child will stay open on the system with an own home living arrangement as long as the court requires FIA case supervision. If they move to another living arrangement that will start ("open") a new AFCARS record.

<u>AFCARS</u>	<u>CSMIS codes</u>
1 Pre-Adoptive Home	4
2 Foster Family Home (Relative)	2, 23, 27
3 Foster Family Home (Non-relative)	5, 6, 8, 9 (with FH #, 1-6 beds), 24, 25
4 Group home (staffed facility)	9 (with CA #, 7-12 beds), 13 (7-12 beds)
5 Institution (staffed facility)	9 (13 or more beds), 10-12, 13 (13 or more beds), 14-19, 21, 26
6 Supervised Independent Living	7
7 Runaway	20
8 Trial Home Visit	1, 3, 22

- CSMIS Codes
- 1 own home parents
 - 2 relatives
 - 3 legal guardian
 - 4 adoptive home
 - 5 foster home DSS
 - "6" foster home P A -code will be deleted
 - 7 independent living
 - "8" group home-code will be deleted
 - 9 public shelter home/facility
 - 10 residential care center (DSS)
 - 11 detention
 - 12 jail
 - 13 private child care institution

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- 15 Nokomis challenge
- 16 mental health facility
- 17 court treatment facility
- "18" out of state-code will be deleted
- 19 "other"-boarding school, runaway services facility, "adult foster care home"
- 20 AWOL
- 21 Arbor Heights
- 22 "out of state parents"-new codes
- 23 "out of state relative"-new codes
- 24 "out of state foster home"-new codes
- 25 "out of state child placing agency"-new codes
- 26 "out of state child care institution"-new codes
- 27 "out of state licensed relative"-new codes

The state can footnote any reporting to the Fed's where they need to explain any information. For example, if there were a substantial population in training schools, a footnote should be included in the transmission that, "x" % of the children in placement code institution are in training schools.

AFCARS Element #61-Sources of Federal Support-Title IV-A

On the placement screen, if a child is living with a relative, then the question needs to be asked if the relative is receiving AFDC on behalf of this child. No, you don't need to know how much.

AFCARS Elements #44-46-Caretaker family structure and birth year of 1st and 2nd caretaker

This info should come from PS. The caretakers will be identified in PS. If the case doesn't come from PS, then the question needs to be asked of each person identified in parent info "screen" and/or relatives other persons "screen" that, "At time of removal was this person the 1st principal caretaker of this child? And if so, what is family structure?" If they weren't, then are they the 2nd principal caretaker?" Only ask the family structure of the 1st principal caretaker. Once the two caretakers have been identified, the question does not have to be asked anymore.

Foster Care must ask about the family structure for AFCARS. The info should be able to be propagated to the cases of other sib's in care.

AFCARS Elements #18 date of first removal from home. #19 total number of removals. #20 discharge date from last episode. #21 date of latest removal. #24 # of previous settings in episode and #56 date of discharge from foster care.

These elements are to be looked at in the same way the law is written for eligibility and as Chapin Hall and other research has looked at them. You are measuring when the child came to the Title IV-B/E agency for care and supervision and for how long, how many times the child has been removed from his/her home, and how many moves the child makes and how long the child stays in each placement. See the diagram.

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SWSS Project
User Requirements
Placement Module

October 27, 1999

PROJECT NUMBER: 119702	
PROJECT TITLE: New Living Arrangement and Funding Source codes on CIS	
REQUESTOR: Julie Tubbs/Lott	PHONE: 3-8376 DEPARTMENT: OCS
1. NAME: Mary Jenkins	PHONE: 5-3631 CHARGE TO ACC. NO:
SPECIFIC DATE REQUIRED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES DATE REQUIRED: 4-1-97	
REASON FOR REQUIRED DATE: REQUESTOR APPROVALS	
To allow accurate reporting of wards living arrangement and funding source for AFCARS.	
DESCRIPTION OF NEED OR PROBLEM	
<p>Add the following living arrangements to those allowed for service programs 2 and 4.</p> <ul style="list-style-type: none"> 2 - Out of state parent 3 - Out of state relative 4 - Out of state foster home 5 - Out of state child placing agency 6 - Out of state child caring institution <p>Add an edit "Living arrangement 18 not allowed" to implemented with the new living arrangement codes.</p> <p>Add funding source 7 = SSI to those allowed for service programs 2 and 4.</p> <p>Reporting needs and error message details will be provided later in an addendum.</p> <p>17 out of state Licensed relatives</p> <p style="text-align: right; margin-right: 50px;">SSI = Type 5 on 36</p>	
TANGIBLE & INTANGIBLE BENEFITS	
Both of these data elements have been needed for some time.	
COST DATA	
ESTIMATED COST OF PERFORMING FUNCTION WITHOUT EDP SUPPORT (PER YEAR) \$	OTHER PERTINENT COST DATA
PERCENT COST SAVINGS IF EDP SYSTEM IS AVAILABLE %	
NUMBER OF PERSONNEL REDUCTION POSSIBLE	
COMPLETED BY EDP	
TYPE OF PROJECT <input type="checkbox"/> MAJOR <input type="checkbox"/> MINOR APPLICABLE SDM DOCUMENTS <input type="checkbox"/> SRD <input type="checkbox"/> SDG <input type="checkbox"/> SES <input type="checkbox"/> SIS <input type="checkbox"/> TEST <input type="checkbox"/> PD <input type="checkbox"/> UG/OG <input type="checkbox"/> PIR <input type="checkbox"/> ABBREVIATED <input type="checkbox"/> ENHANCEMENT <input type="checkbox"/> MAINTENANCE	
RETURNED TO USER REASON:	
ASSIGNED FOR ACTION TO: RESPONSE BY DATE:	

1-001 AmiPro Format (8-94)

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SWSS Project
User Requirements
Placement Module

October 27, 1999

STOR:	Julie Tubbs/Lott	PHONE:	3-8376	DEPARTMENT:	OCS
	Susan Tomes		5-3538		ODS
	Mary Jenkins	PHONE:	5-3631	CHARGE TO ACC NO:	

☐ NO ☒ YES DATE REQUIRED: 4-1-97
 FOR REQUIRED DATE:
 e data are required for AFCARS reporting

ON OF NEED OR PROBLEM
 2. FSPN and FSCC transactions and screens to allow the entry of a second provider ID (9 digits), a supervising indicator (1 digit), a security level (2 digits), security override factor value (2 digits) and security override (1 digit).
 CL screen will need to be modified to display the new fields.
 ting needs and error message details will be provided later in an addendum.

INTANGIBLE BENEFITS
 tion of provider ID and supervising agency is needed for AFCARS.
 tion of need score, security level and security override will provide statewide data regarding the needs of
 sent wards.

COST DATA
 MATED COST OF PERFORMING FUNCTION WITHOUT EDP SUPPORT (PER YEAR) \$ _____
 CENT COST SAVINGS IF EDP SYSTEM IS AVAILABLE _____ %
 BER OF PERSONNEL REDUCTION POSSIBLE _____

COMPLETED BY EDP
 OF ☐ MAJOR ☐ MINOR
 APPLICABLE ☐ SRO ☐ SCO ☐ SES ☐ SIS ☐ TEST ☐ PD ☐ UG/CG ☐ PIR
 DOCUMENTS ☐ ABBREVIATED ☐ ENHANCEMENT ☐ MAINTENANCE

RNED TO USER REASON: _____
 INED FOR ACTION TO: _____ RESPONSE BY DATE: _____

AmiPro Format (5-94)

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FIA-3185

YOUTH'S PLACEMENT AND EDUCATION RECORD

FAMILY INDEPENDENCE AGENCY

Case Name: [REDACTED]
Case Number: K [REDACTED] Date: FEBRUARY 19, 1997
County: 42 District: 00 Unit: 50 Worker: 02

Date: 02/01/97 [REDACTED]
Placement: [REDACTED]
Address: 54 [REDACTED]
EA [REDACTED]
Phone: 5176 [REDACTED]
County: KEWEENAW
Provider #: [REDACTED]
FIA Worker: 42005002
Grade:
School:
Type of School Program:
Court/Parent(s) Name(s):

Date: 01/16/97 [REDACTED]
Placement: [REDACTED]
Address: 1 [REDACTED]
R [REDACTED]
Phone: 810 [REDACTED]
County: KEWEENAW
Provider #: [REDACTED]
FIA Worker: 42005002
Grade:
School:
Type of School Program:
Court/Parent(s) Name(s):

Date: 12/31/96 [REDACTED]
Placement: [REDACTED]
Address: 29 [REDACTED]
SA [REDACTED]
Phone: 9066 [REDACTED]
County: KEWEENAW
Provider #: [REDACTED]
FIA Worker: 42005002
Grade:
School:
Type of School Program:
Court/Parent(s) Name(s):

Date: 12/12/96 [REDACTED]
Placement: [REDACTED]
Address: 78 [REDACTED]
GF [REDACTED]
Phone: 5176 [REDACTED]
County: KEWEENAW
Provider #: [REDACTED]
FIA Worker: 42005002
Grade:
School:
Type of School Program:
Court/Parent(s) Name(s):

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SWSS Project
User Requirements
Placement Module

October 27, 1999

YOUTH'S PLACEMENT AND
EDUCATIONAL RECORD
Michigan Department of Social Services

Case Name [REDACTED]				
Case Number V [REDACTED] A			Date 09251996	
County 23	District 00	Unit 10	Worker 01	Other ID (As Required)

Date 01011995	Placement [REDACTED]	Address [REDACTED]	Phone [REDACTED]	County 23	Provider No. [REDACTED]	Worker 23001001	Rate Intensive
Date 01011995	School [REDACTED]	Grade 8	Type of School Program (This should be linked to a table-see below) Special Education				
Date 06011995	Placement Home	Address [REDACTED]	Phone [REDACTED]	County 23	Provider No. [REDACTED]	Worker 23001001	Rate Regular
Date 06011995	School [REDACTED]	Grade 8	Type of School Program (This should be linked to a table-see below) Special Education - Emotionally Impaired/ Resource Room				
Date 09011995	Placement [REDACTED]	Address [REDACTED]	Phone [REDACTED]	County 23	Provider No. [REDACTED]	Worker 23001001	Rate Regular
Date 09011995	School [REDACTED]	Grade 9	Type of School Program (this should be linked to a table-see below) Public-Regular				
Date	Placement	Address	Phone	County	Provider No.	Worker	Rate
Date	School	Grade	Type of School Program				
Date	Placement	Address	Phone	County	Provider No.	Worker	Rate
Date	School	Grade	Type of School Program				
Date	Placement	Address	Phone	County	Provider No.	Worker	Rate
Date	School	Grade	Type of School Program				
Date	Placement	Address	Phone	County	Provider No.	Worker	Rate
Date	School	Grade	Type of School Program				
Date	Placement	Address	Phone	County	Provider No.	Worker	Rate
Date	School	Grade	Type of School Program				
Date	Placement	Address	Phone	County	Provider No.	Worker	Rate
Date	School	Grade	Type of School Program				
Date	Placement	Address	Phone	County	Provider No.	Worker	Rate
Date	School	Grade	Type of School Program				
Date	Placement	Address	Phone	County	Provider No.	Worker	Rate
Date	School	Grade	Type of School Program				

DATA3185.DOC
print date: 8/6/96

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SWSS Project
User Requirements
Placement Module

October 27, 1999

Foster Care (Delinquency) Action Summary
Family Independence Agency

Type of Action (Check one)

Effective Date: 01/01/1997

Child Replacement _____
Parent Move _____
Caseworker change _____
Termination of Family Foster Care Placement _____

Child Information

Name: _____
Sex: M _____ F _____ Race: _____
DOB: _____

FIA Case Number: _____
Docket Number: _____

(Former) Caseworker's Name: _____

Phone #: (999) 999-9999

New Caseworker's Name: _____

Phone#: (999) 999-9999

Parent Move Summary

Name: _____
Prior Address: _____
Street, Box, and/or Apt. _____
City, State, Zip Code _____

New Address: _____
Street, Box, and/or Apt. _____
City, State, Zip Code _____

Old Telephone: (999) 999-9999

New Telephone: (999) 999-9999

Child Move Summary

Caretaker(s) Name: _____
Moved From: _____
Street, Box, and/or Apt. _____
City, State, Zip Code _____
Phone: (999) 999-9999
FH #: _____

Caretaker(s) Name: _____
New Address: _____
Street, Box, and/or Apt. _____
City, State, Zip Code _____
Phone: (999) 999-9999
FH #: _____

Complete section A or B*

A: Foster Care continues to be appropriate for the following reason(s):
(Check as many as apply)

_____ Child remains at risk if returned to the parental home
_____ No interested relatives for placement
_____ No appropriate relative placements

B: Reason for replacement or termination from foster care:
(Check as many as apply)

Requesting the move: _____ Agency _____ Foster Parent _____ Child

Planned Move, at least 72 hours notice to the foster family and the child: _____
Unplanned move: _____ (Can only be Foster Parent request and/or CPS complaint)

_____ Behavioral problems of child
_____ Emergency or temporary placement
_____ Residential Placement
_____ Independent Living
_____ Foster Parent crisis
_____ Placement with relatives
_____ Return home
_____ AWOL

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SWSS Project
User Requirements
Placement Module

October 27, 1999

☐ Placed in adoptive home ☐ Placed with siblings
☐ Complaint against foster parent/Caregiver--Agency investigation (Check at least one)
CPS Investigation: ☐ Licensing Investigation: ☐
☐ Unsuitable relative home
☐ Other _____

Replacement preparation and/or termination appropriate to the child's capacity to understand; give a description on how the worker prepared the child and foster parent for the move:

If the child was not placed with siblings, explain why: _____

Information related to the care and supervision of the child or termination was shared with:

<input type="checkbox"/> Mother:	Date: 01/01/1997	via: <input type="checkbox"/> letter	<input type="checkbox"/> face to face	<input type="checkbox"/> telephone
<input type="checkbox"/> Father:	Date: 01/01/1997	via: <input type="checkbox"/> letter	<input type="checkbox"/> face to face	<input type="checkbox"/> telephone
<input type="checkbox"/> New Care Giver:	Date: 01/01/1997	via: <input type="checkbox"/> letter	<input type="checkbox"/> face to face	<input type="checkbox"/> telephone
<input type="checkbox"/> FIA/Referring worker:	Date: 01/01/1997	via: <input type="checkbox"/> letter	<input type="checkbox"/> face to face	<input type="checkbox"/> telephone

Information shared new Care Giver(s) includes: (Check as many as apply)

<input type="checkbox"/> Assigned caseworker	<input type="checkbox"/> School records
<input type="checkbox"/> Reason(s) child removed	<input type="checkbox"/> Behavior management
<input type="checkbox"/> Case plan	<input type="checkbox"/> Visitation expectations/schedule
<input type="checkbox"/> Description of behavioral characteristics and needs	<input type="checkbox"/> Consent to treatment card
<input type="checkbox"/> Medical/Dental/psychological needs	<input type="checkbox"/> School enrollment form
<input type="checkbox"/> Interactions with parents/siblings	<input type="checkbox"/> Medical files
<input type="checkbox"/> Abuse/neglect history	

For Termination of Family Foster Care Placement

Summarize services that were provided to the child and family: _____

Summarize services currently being provided to the child and family: _____

List services and needs to still need to be provided to the child and family: _____

Medical information to be given to parents or next provider: _____

Unplanned termination of family foster care placement; give specific reasons for change of placement and why it was unplanned: _____

FIA Foster Care Worker: _____
Foster Care Supervisor: _____

Date: 01/01/1999
Date: 01/01/1997

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Help/Error Messages
Foster Care

3/31/97

CFC Foster Care C07-Placement Record Licensed Provider Screen #1					
Field	Help Message	Proposed Change	Error Message	Proposed Change	Required Y/N
Contact Person	New field	Enter the name and phone number of the contact person within the Agency.	New Field	Invalid Code	N
Placement Begin Date	264: Date child placed in foster home <MMDDYY>	8 Digit Date <MMDDYYYY>	10: Invalid date, 270: Date cannot be less than child's DOB	Edit for 8 digit date <MMDDYYYY>	Y
Living Arrangement	Table	OK	9: Invalid code, press F8 for help	OK	N Should be
Funding Source	Table	OK	725: Invalid legal status/ living arrangement code	725 or 6587 Invalid code: See help table	N Should be
Placement End	269: Date child removed from foster home	OK 8 digit date <MMDDYYYY>	10: Invalid date, press F8 for help 284: Placement end date cannot be entered in add mode 284: Placement end date must be greater than placement begin date	Invalid date <MMDDYYYY> OK OK	N

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Help/Error Messages
Foster Care

3/3/1/97

CFC Foster Care C07-Placement Record Licensed Provider Screen #1	Field	Help Message	Proposed Changed	Error Message	Proposed Change	Required Y/N
Comments		144: Free form comments <72 Char.>	Open a GUI window Enter comments Y/N			N
Produce Foster Care Action Summary Y/N?		New Field	Do you want to produce the Replacement Documentation or the Termination From Foster Care Summary?	New Field	52: Invalid field must be <Y>es or <N>o	N
Payment Screen Y/N?		New Field	Do you want to go to the payments screen?	New Field	52: Invalid field must be <Y>es or <N>o	N
Education Screen Y/N?		New Field	Do you want to go to the Educational screen?	New Field	52: Invalid field must be <Y>es or <N>o	N

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Help/Error Messages
Foster Care

3/3/1997

CFC Foster Care CO7 Placement Record Unlicensed Provider Screen #2					
Field	Help Message	Proposed Change	Error Message	Proposed Change	Required Y/N
Institution Name	New Field	Name of Institution	New Field	Invalid Code	N
Contact Person	New Field	Enter the name and phone number of the contact person within the Agency.	New Field	Invalid Code: See help table	N
Family Structure	New Field	Use AFCARS definition and table	New Field	Invalid Code: See help table	Y-Unless Institution
Provider Name	First, last and MI help message			Will allow numeric entry	N
DOB	97: Date of Birth <MMDDYY>	8 digit date <MMDDYYYY>	10: Invalid date	<MMDDYYYY>	Y
Sex	25: Valid sex codes are M=Male F=Female	OK	9: Invalid code	Invalid code: M=Male F=Female	
Race	Table	ASSIST Codes	9: Invalid Code	Invalid code: See help table	Y
Hispanic Origin	New field	Use AFCARS def. and table		Invalid code: See help table	
SSN/Federal Tax #	99: Social Security Number <9 Digits>	Federal ID # is 8 Digits	None	Will allow letters	N
Address and City	Keep the same				

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Help/Error Messages
Foster Care

CFC Foster Care C07-Placement Record Unlicensed Provider Screen #2					
Field	Help Message	Proposed Changed	Error Message	Proposed Change	Required Y/N
State	Table	OK	23: Invalid State Code Will not allow alpha	Invalid State code: See help table OK	Y
Zip Code	Table	Need to have ability to enter local Zip Codes	Use standard error	OK	N
Phone #1 & 2	Use standard help	OK	10: Invalid date, press 270: Date cannot be less than child's DOB	Edit for 8 digit date Will allow you to place child before open date	N
Placement Begin Date	264: Date child placed in foster home <MMDDYY>	8 Letter Date <MMDDYY>	9: Invalid code, press F8 for help	OK	Y
Living Arrangement	Table	OK	725: Invalid legal status/ living arrangement code	725 or 6587 Invalid code: See help table	N
Funding Source	Table	OK	10: Invalid date, press F8 for help 284: Placement end date cannot be entered in add mode	Invalid date <MMDDYY> OK	Should be
Placement End	269: Date child removed from foster home	OK 8 digit date <MMDDYY>	284: Placement end date must be greater than placement begin date	OK	N

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Help/Error Messages
Foster Care

3/31/97

CFC Foster Care C07-Placement Record Unlicensed Provider Screen #2					
Field	Help Message	Proposed Changed	Error Message	Proposed Change	Required Y/N
Comments	144: Free form comments <72 Char.>	Open a GUI window Enter comments Y/N			N
Produce Foster Care Action Summary Y/N?	New Field	Do you want to produce the Replacement Documentation or the Termination From Foster Care Summary?	New Field	52: Invalid field must be <Y>es or <N>o	N
Payment Screen Y/N?	New Field	Do you want to go to the payments screen?	New Field	52: Invalid field must be <Y>es or <N>o	N
Education Screen Y/N?	New Field	Do you want to go to the Educational screen?	New Field	52: Invalid field must be <Y>es or <N>o	N

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Help/Error Messages
Foster Care

3/31/97

CFC Foster Care C07-Placement Record Insurance/MA Screen #3		New Screen		Error Message		Required Y/N
Field	Help Message	Proposed Change				
Institution Name	Name of Institution					Y
Contact Person	New field	Enter the name and phone number of the contact person within the Agency.		New Field	Invalid Code	N
SSN/Federal Tax #	99: Social Security Number <9 Digits> Federal ID # is 8 Digits			Should not allow letters		N
Address, City State Zip Code and Phone	Standard Help message			Same		Y Except Phone 2

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Help/Error Messages
Foster Care

CFC Foster Care C07-Placement Record Insurance/MA Screen #3					
Field	Help Message	Proposed Change	Error Message	Proposed Change	Required Y/N
Placement Begin Date	264: Date child placed in foster home <MMDDYY>	8 Letter Date <MMDDYYYY>	10: Invalid date, press F8 for help 270: Date cannot be less than child's DOB	Edit for 8 digit date <MMDDYYYY>	Y
Living Arrangement	Table	OK	9: Invalid code, press F8 for help	OK	N Should be
Funding Source	Table	OK	725: Invalid legal status/ living arrangement code	725 or 6587 Invalid code: See help table	N Should be
Placement End	269: Date child removed from foster home	OK 8 digit date <MMDDYYYY>	10: Invalid date, press F8 for help 284: Placement end date cannot be entered in add mode 284: Placement end date must be greater than placement begin date	Invalid date <MMDDYYYY> OK	N

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Help/Error Messages

3/31/97

CFC Foster Care C07-Placement Record Insurance/MA Screen #3	New Screen	Proposed Changed	Error Message	Proposed Change	Required Y/N
Field	Help Message	Open a GUI window Enter comments Y/N	New Field	52: Invalid field must be <Y>es or <N>o	N
Comments	144: Free form comments <72 Char.>	Do you want to produce the Replacement Documentation or the Termination From Foster Care Summary?	New Field	52: Invalid field must be <Y>es or <N>o	N
Produce Foster Care Action Summary Y/N?	New Field	Do you want to go to the Educational screen?	New Field	52: Invalid field must be <Y>es or <N>o	N
Education Screen Y/N?	New Field				

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Help/Error Messages
Foster Care

CFC Foster Care C07-Placement Record FIA Independent Living Screen #4		New Screen	Proposed Change	Error Message	Proposed Change	Required Y/N
Field	Help Message					
Address, City State Zip Code and Phone	Standard Help message			Same		Y Except Phone
Placement Begin Date	264: Date child placed in selling <MMDDYY>	8 Letter Date <MMDDYYYY>		10: Invalid date, press F8 for help 270: Date cannot be less than child's DOB	Edit for 8 digit date <MMDDYYYY>	Y
Living Arrangement	Table	OK		9: Invalid code, press F8 for help	OK	N Should be
Funding Source	Table	OK		725: Invalid legal status/ living arrangement code	725 or 6587 Invalid code: See help table	N Should be
Placement End	269: Date child removed from foster home	OK 8 digit date <MMDDYYYY>		10: Invalid date, press F8 for help 284: Placement end date cannot be entered in add mode 284: Placement end date must be greater than placement begin date	Invalid date <MMDDYYYY> OK	N

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Help/Error Messages
Foster Care

3/31/97

CFC Foster Care C07-Placement Record FIA Independent Living Screen #4	New Screen				
Field	Help Message	Proposed Changed	Error Message	Proposed Change	Required Y/N
Comments	144: Free form comments <72 Char>	Open a GUI window Enter comments Y/N			N
Generate Independent Living Agreement Y/N?		Do you want to generate an Independent Living Agreement?		52: Invalid field must be <Y>es or <N>o	N
Produce Foster Care Action Summary Y/N?	New Field	Do you want to produce the Replacement Documentation or the Termination From Foster Care Summary?	New Field	52: Invalid field must be <Y>es or <N>o	N
Payment Screen Y/N?	New Field	Do you want to go to the payments screen?	New Field	52: Invalid field must be <Y>es or <N>o	N
Education Screen Y/N?	New Field	Do you want to go to the Educational screen?	New Field	52: Invalid field must be <Y>es or <N>o	N

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Help/Error Messages
Foster Care

3/31/97

CFC Foster Care C07-Placement Record Licensed Provider Provider Match					
Field	Help Message	Proposed Change	Error Message	Proposed Change	Required Y/N
Preferred Area	Table	OK	324: Client need <Y or leave Blank>	Invalid code: See help table	N
Language	Table	OK	9: Invalid Code, press F8 for help	Invalid code: See help table	Y
Accepts Male, Female or Both	Prefixes with sex of child 324: Client need <Y or leave blank>	Invalid code: M=Male F=Female or B=Both	7: Case number not found in index	Same as help message	N Should be
Fields B-W	324: Client need <Y or leave blank>	OK	307: Please enter "Y" or "	Invalid Code, enter Y or leave blank	N
Provider Preview	Press enter to accept Placement/Press F4 to return to list	OK	274: No providers were found	OK	

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11.1.1 Juvenile Justice

CHILDREN'S SWSS REQUIREMENTS FORM

Assigned Policy Analyst:	Carol Kraklan
Date Received By BuIS:	5-8-97
Requirement # (from BuIS):	E-4

Delinquency Placement Requirements

1. **BUSINESS PROCESS.** Describe the current business process for the requested enhancement. Be specific. Include all forms, documents, letters, and services manual policy related to the procedure. Prior to the completion of this form, discuss this process with the pilots to determine how this procedure is done in their county. Resolve discrepancies and work out any conflicts with current policy.

Before a youth is placed in a Delinquency case the worker must do an SDM Assessment to determine the youth's Risk Level and Placement Security Level to determine the appropriate placement. The Risk Assessment may not always be done by the FIA Delinquency Worker. If the youth Security Level is Medium or High and the youth is a state ward his/her placement must be approved by the Central Intake Committee.

Each placement that a youth is placed in should meet the youth's assigned Security Level, but this is not always the case as a worker may be waiting for an opening with the desired level. Therefore SWSS will not prevent a worker from placing a youth in a different Security Level placement.

When a child is first placed in a placement, the worker opens the case on CIS\CSMIS on a FIA-133. The child's Living Arrangement, Placement Date, Funding Source and Provider Number, if appropriate, are recorded on this form. The Delinquency worker also fills out an FIA-3185 which records the Provider's Name and Address and Phone Number, License Number(if appropriate), Date of Placement, County of Placement, Worker Number and Rate of Pay. This sheet is filed in the front of the case file for easy reference.

Each time a youth moves the worker must change the information on the FIA-5S and record the new placement on the FIA-3185. The worker must also complete either a Replacement Documentation, FIA-4531 or a Termination from Foster Care Summary, depending on where the child moved.

For each placement a youth has in a Delinquency case the worker must fill out an FIA-767, a Placement Agreement, with the youth. If a youth is placed in an Independent

Living Arrangement the worker must also fill out an Independent Living Agreement with the youth. These forms include the conditions of placement and the responsibilities for the youth and the worker.

2. **SWSS INTEGRATION.** Describe how this process should be integrated into the SWSS application. If applicable, list preceding and subsequent screens to help define system flow. Also include a flow chart whenever possible.

On the Main Menu within the Delinquency module the Placement screens will come before the Payment screens and after the Funding Determination screens. The flow within the Placement icon is included within the specifications. (*See flow chart and explanation.*)

Within SWSS when a worker enters a youth's placement or changes a youth's placement the FIA-133 or 5S will need to reflect the correct information and all the worker will need to do is to print the form. The FIA-3185 will also automatically be changed. The worker will also have to request for this form to be printed. The Replacement Documentation form and the Termination from Foster Care Summary have been reduced to one form, called the Delinquency Action Summary. This form will be generated from SWSS with worker input. If a youth is moved from one placement to the next or the youth is discharged as a ward and the victim has requested notification the worker can print out a Victim's Rights Notification letter. (*See attached.*)

Furthermore, the worker will also be able to generate a Conditions of Placement Agreement from all of the placement screens and will be able to generate an Independent Living Agreement from the Independent Living Screen if it is an FIA supervised Independent Living Arrangement.

Escape of a youth from a placement require the worker take several steps to assure the youth's return and to notify the interested parties of the escape. Likewise, if a youth is apprehended after Escape there are other procedures a worker must follow. These steps are to be included within SWSS to remind the worker of their legal responsibility.

3. **DATA ELEMENTS.** List and define each input element. Include tables when applicable. If available, use CIS or PSMIS definitions. *Use Word document DATAFRM.DOC. Attach completed document to this form.*

See specifications and Placement Element form, which are attached. AFCARS data elements are included.

4. **EDITS.** List all; field and cross field edits desired, i.e., acceptable values for each field and how these values affect other fields on this screen or on other screens.

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Element Name	Edit Description
<u>All CIS edits should be included.</u>	
<u>For other edits see attached specifications.</u>	

5. OUTPUTS. Describe any reports, mainframe updates, or other system outputs associated with this request. Please include examples of each.

Changes in Placement Date, Provider Number, Living Arrangement Code and Funding Source will print on the FIA-133 or FIA-5S. Changes to CIS are being made to the Living Arrangement Codes and Funding Source Codes that are reflected in the specifications. These should be in place when SWSS is released statewide. Changes are also taking place within CIS to record two providers for Purchase of Service cases.

Several data elements will need to be reported for AFCARS regarding placement information. Particular data elements will be converted for AFCARS reporting and are included. All case data edits for AFCARS reporting are also contained within the attached specifications.

SWSS will also generate the FIA-3185, the Delinquency Action Summary, the Conditions of Placement Agreement and the Independent Living Agreement if requested by the worker.

6. TRAINING ISSUES* Describe any procedures contained in these specifications that have been identified as possible training issues.

Workers will need to be trained to understand the difference between a licensed Michigan Provider and a provider that is not licensed by the State of Michigan. Manual Payment Providers will also need to be trained as most workers are not exposed to this on a daily basis.

CIS changes will likewise need to be communicated to the field and training will need to address these changes.

AFCARS codes and definitions will need to be explained to workers.

The Delinquency Action Summary is a new form and will need to be introduced to workers.

Likewise, per Mary Ann Jensen, if a child is placed in a licensed relative home the Living Arrangement Code should be 02-Relative. Within SWSS field staff there is disagreement on what Living Arrangement code to use. This is presumed to be the situation within the field. Several of the SWSS field staff would code this Living Arrangement as 05-Foster Home. Therefore, special attention to this particular problem will need to be addressed with the users during training.

7. TESTING ISSUES*. Describe any special situations, changes or functions that will require additional testing as a result of these specifications.

AFCARS reporting codes and changes to CIS codes, particularly regarding the inclusion of two Provider Numbers will need to be tested.

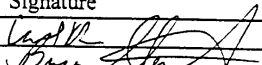
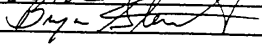
8. POLICY ISSUES*. Describe any policy issues that arose as a result of these changes.

Policy regarding AWOL and Escape status has changed with the new Juvenile Code and staff need to be aware of these changes.

9. DEPENDENCIES. List any dependencies. Include conversions.

Placement Date, Living Arrangement Code, Funding Source and Provider Number will need to be converted from CIS to SWSS. History of prior placements on CIS will also need to be converted along with the Placement Date, Living Arrangement Code and Funding Source associated with the particular placement.

10. SIGNATURES

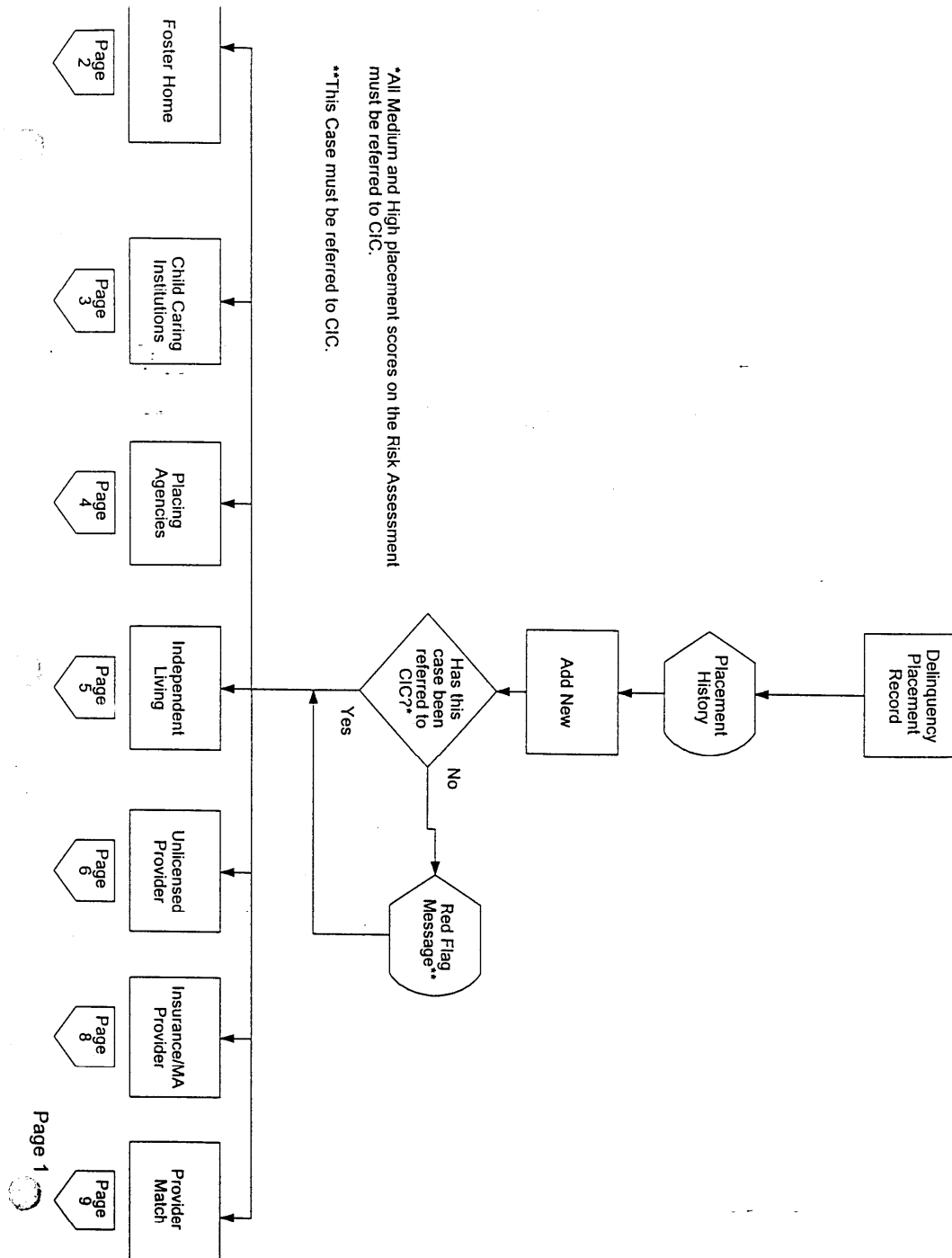
	Signature	Date
Policy Analyst:		5-6-97
Policy Supervisor:		5/7/97
BuIS Analyst:		

*Revised on 12/12/96

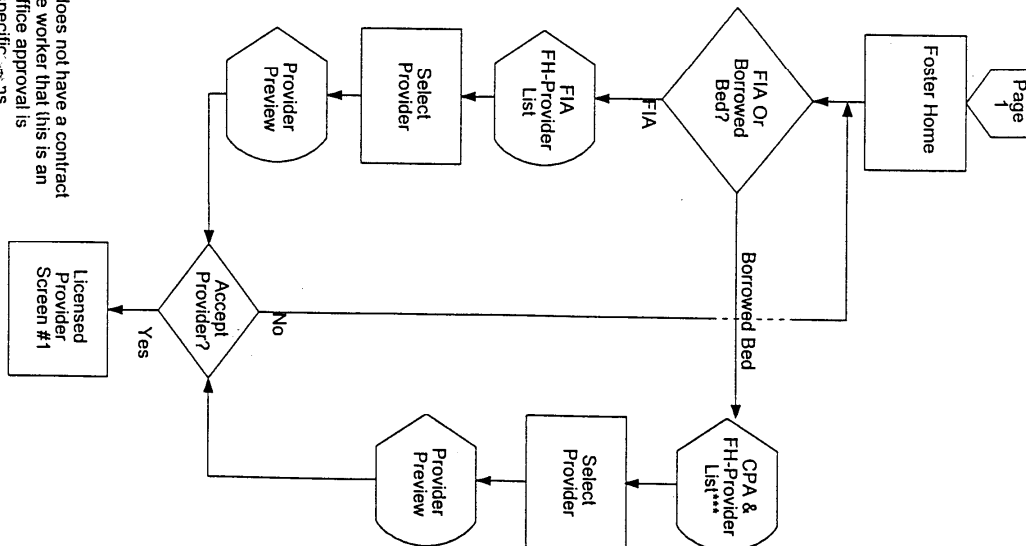
.DATE 29 APR 97 13:56:28 RID 38H 17 APR 97 42003005
.Delinquency Placement Specifications

FLOW: (See attached Flow chart)

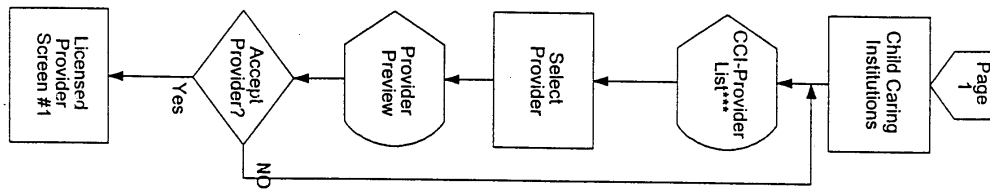
1. When selecting the Placement screen if there is history the Placement history box should be displayed. (For further details, see History below.)
2. The worker should be able to AddNew to history.
3. If the Youth has scored either Medium or High on the Risk Assessment, when the worker selects Placement Record, a message should tell the worker, "The Youth's Placement must be approved by the Central Intake Committee (CIC). See HELP for referral procedures." This message should not prevent the worker from going further. This message is only valid for State Wards, TG/Legal Status 46 and 52. HELP should display the attached Delinquency Manual item 826 for referral procedures.
4. If there is no history the Placement Selection buttons should display for the worker.
5. Provider's in the Delinquency Module should be separated by Security Level. Foster Homes are always Community Based and are a Level I. Institutions and other provider's Security Level's and Codes are attached. When a worker selects a particular provider button and sees a displayed list of providers the provider's that have a Security Level that matches the Youth's should appear first on the list. For Example, if a youth is a Level 3, Medium, the Provider List that the worker views would have all Level 3 providers within the selected category, at the top, with Level 1, 2, 4, and 5 in that order thereafter.
6. When a worker selects a provider from the list and is viewing the provider services within Provider Preview, if the provider does not meet the youth's Security Level, a message should tell the worker, "This Placement does not meet the Youth's assigned security level." This would not prevent a worker from selecting the provider and placing the youth in the provider.
7. After selecting a provider the worker should be taken to the appropriate screen. (See flow chart) For Provider's that are licensed in the state of Michigan, Unlicensed Payment providers or enrolled Insurance/MA providers the worker will have to select the provider from the corresponding list before going to the placement screen. If a provider is not found on the Manual Payments provider list then a question should ask the worker if they want to generate a 2351 to add the provider. See Karlenna Glenn's FIA-2351 specifications for further details. If a worker selects a provider that does not have a contract with FIA, a message should tell the worker that they need to have Central Office approval for a child to be placed with this provider. See Carolyn's provider specifications for further details.
6. From the Placement screen the worker should have the option of going to the Payments screen, if applicable, and the Educational Screen.



***If worker selects a provider that does not have a contract with FIA a message needs to tell the worker that this is an exception placement and Central Office approval is necessary. See Carolyn's Provider specific...

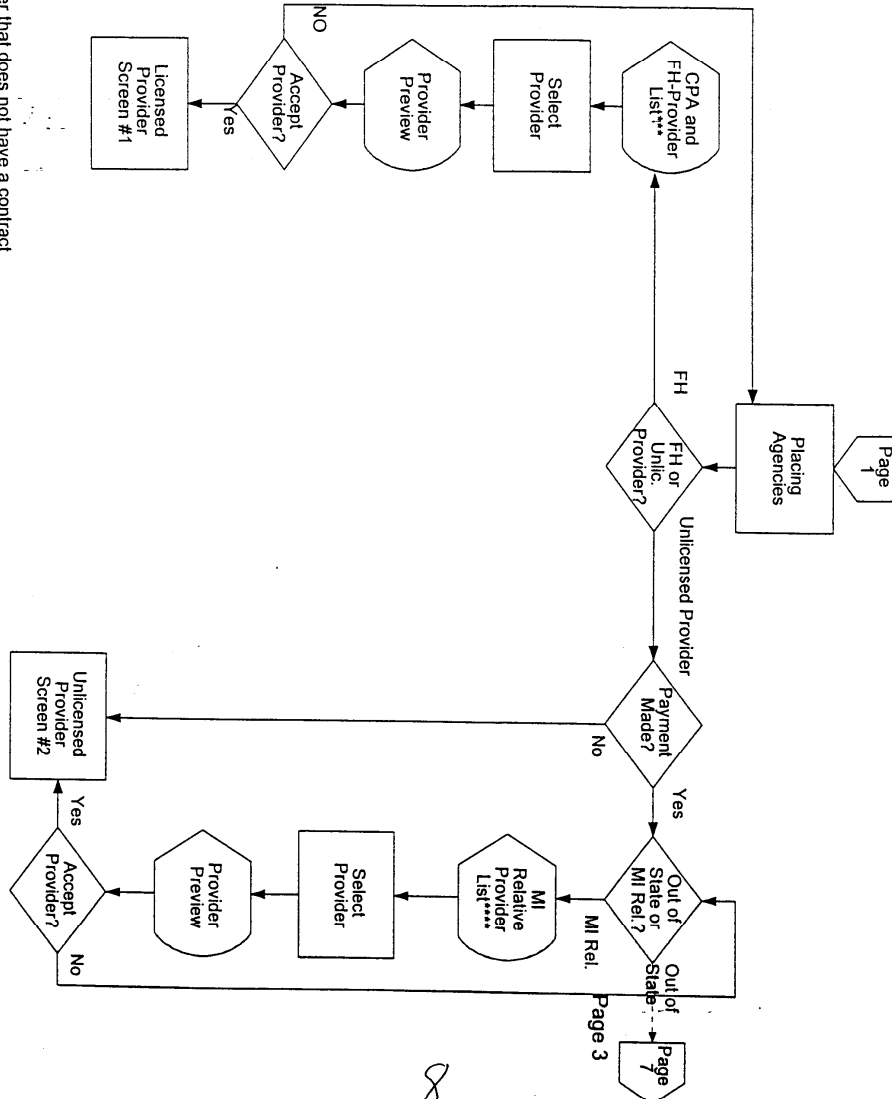


***If worker selects a provider that does not have a contract with FIA a message needs to tell the worker that this is an exception placement and Central Office approval is necessary-See Carolyn's Provider specifications

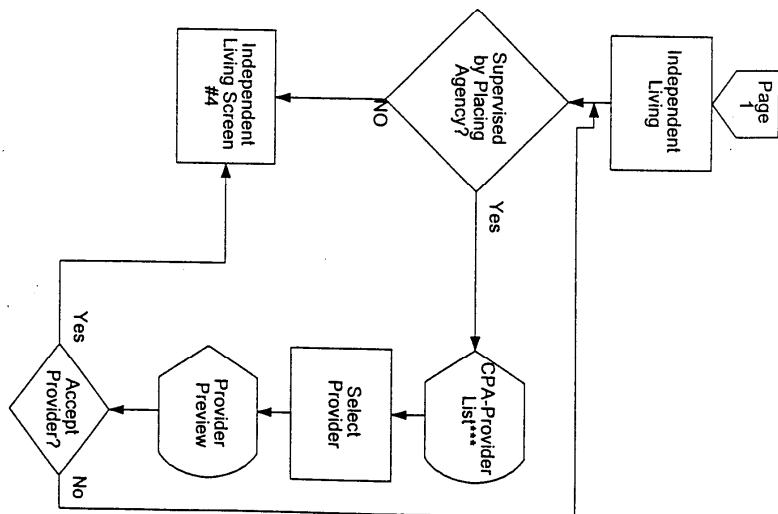


7a

***If worker selects a provider that does not have a contract with FIA a message needs to tell the worker that this is an exception placement and Central Office approval is necessary-See Carolyn's Provider specifications

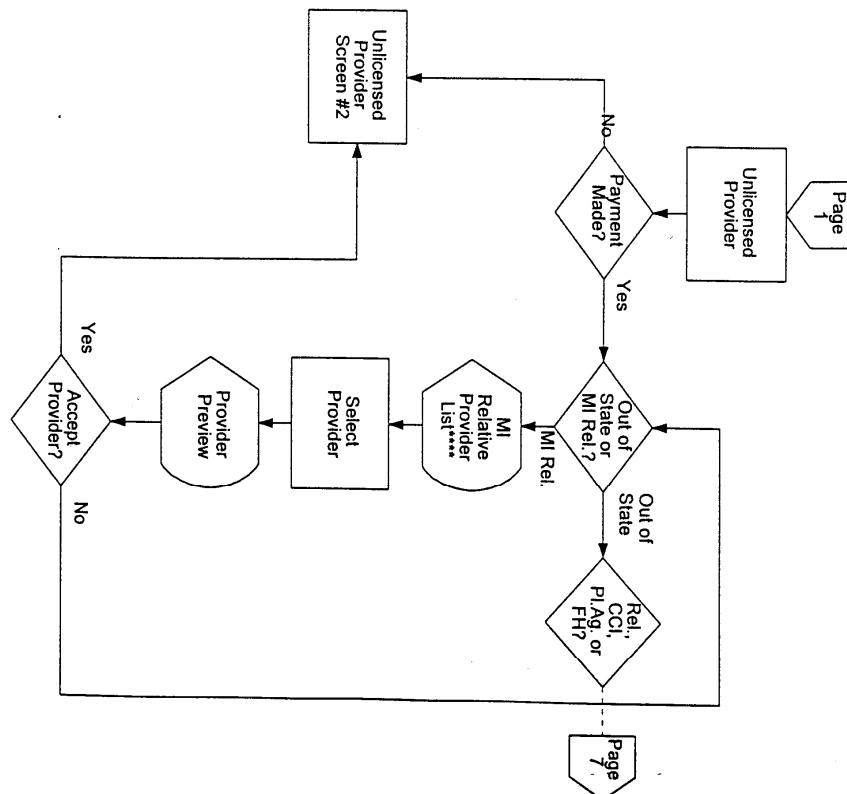


***If Provider not found on list-worker must fill out a FIA-2351- See Payment Specifications



***If worker selects a provider that does not have a contract with FIA a message needs to tell the worker that this is an exception placement and Central Office approval is necessary-See Carolyn's Provider specifications

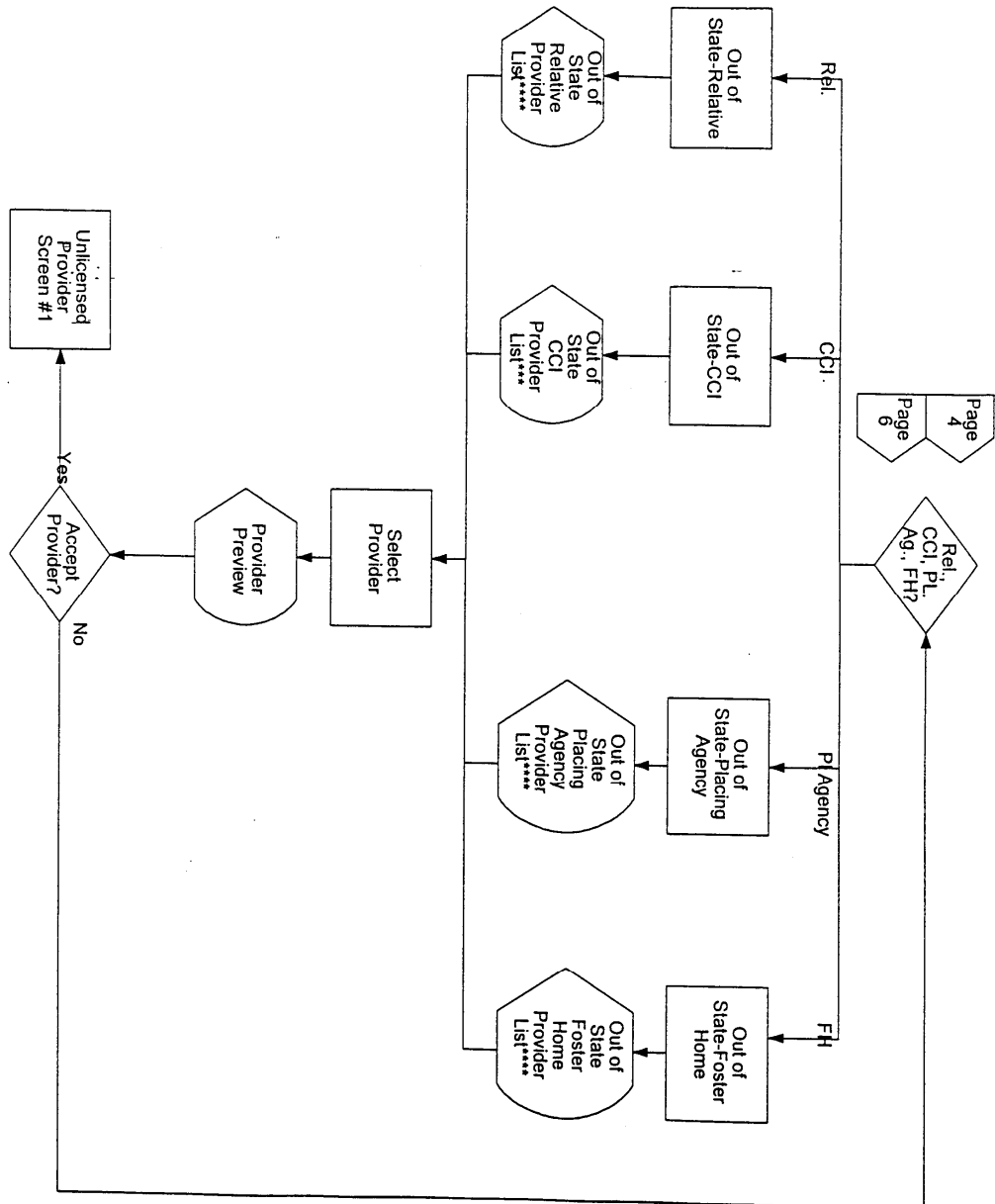
9

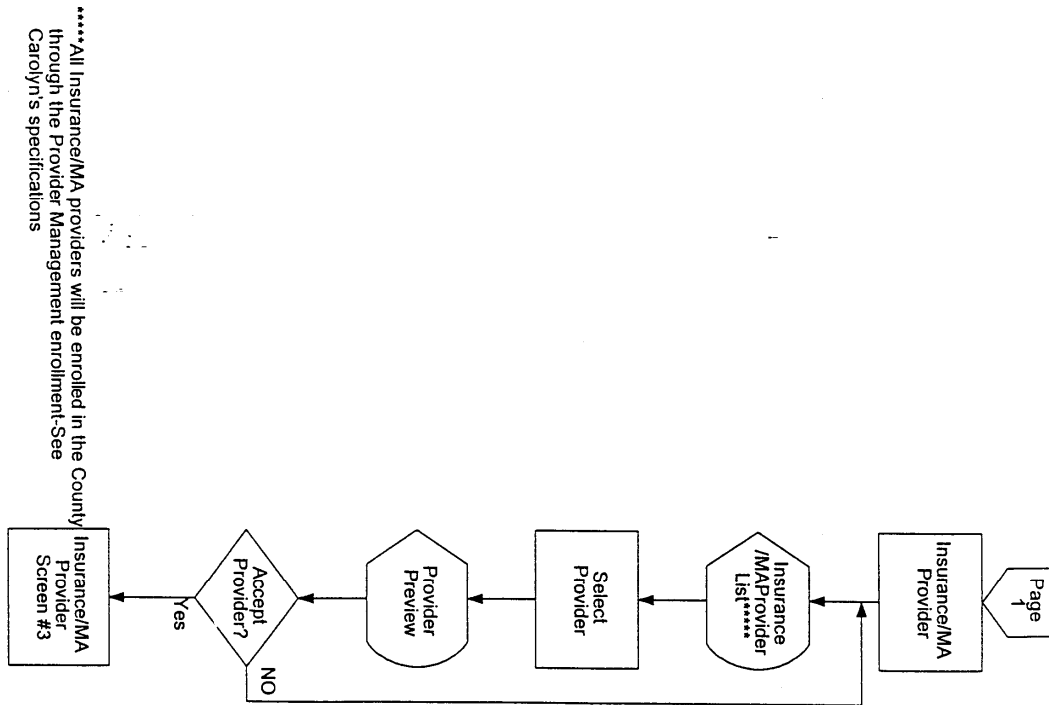


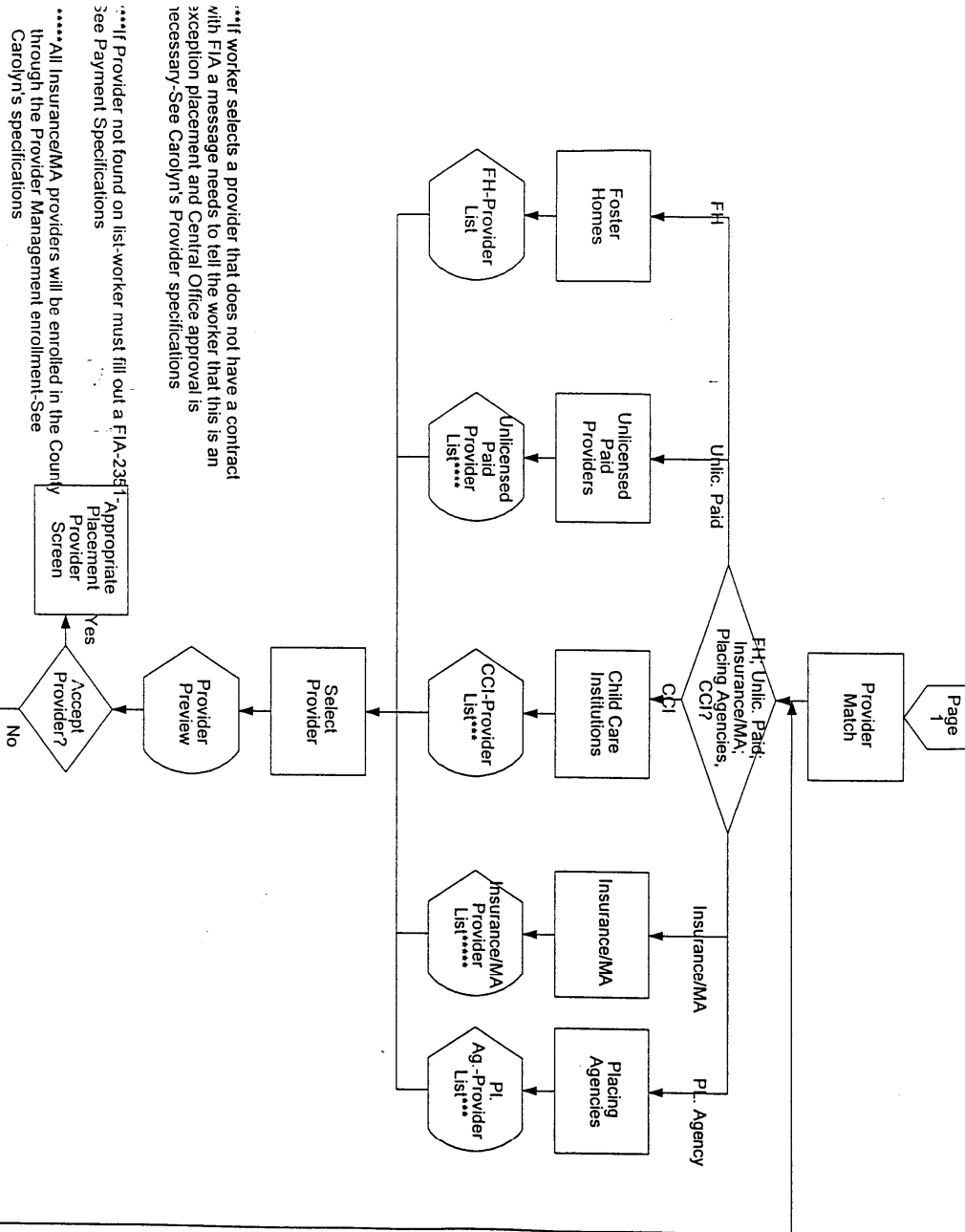
****If Provider not found on list-worker must fill out a F/A-2351-
See Payment Specifications

10

***If Provider not found on list-worker must fill out a FIA-2351-
See Payment Specifications







SCREEN #1

```
LICENSED PROVIDER PLACEMENT RECORD                CASE NAME: [REDACTED]
                                                    CASE NUMBER: V[REDACTED]A
                                                    LOG NUMBER: 2390
-----
YOUTH'S DOB: 04/30/87    AGE AT PLACEMENT: 9    CLIENT ID# 999999999
SEX: M/F                RACE: 3    LEGAL STATUS 44
-----
AGENCY NAME: {DISPLAY HERE IF AN AGENCY}  AGENCY PROVIDER #: [REDACTED]
FOSTER HOME: [REDACTED] {Display if FH}    PROVIDER #: [REDACTED]
{Display Address of where the child is Living}
{xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx}
{Display phone #'s}

CONTACT PERSON [ ]

PLACEMENT BEGIN DATE: [MMDDYYYY]    LIVING ARRANGEMENT [XX]

FUNDING SOURCE: [x]

PLACEMENT END DATE: [MMDDYYYY]    TOTAL DAYS PLACED: {DISPLAY #}

PLACEMENT REASON: {DISPLAY ALPHA EXPLANATION OF REMOVAL CONDITIONS FROM
LEGAL INFORMATION SCREEN.}

COMMENTS Y/N?: [N]

PRODUCE A CONDITIONS OF PLACEMENT AGREEMENT, FIA-767, Y/N?: [N]
PRODUCE DELINQUENCY ACTION SUMMARY Y/N?: [N]

PAYMENTS SCREEN Y/N?: [N]
EDUCATIONAL SCREEN Y/N?: [N]
```

CONTINUE CANCEL

{}=Display only fields
[]=User entered

SCREEN #2

UNLICENSED PROVIDER PLACEMENT RECORD

CASE NAME: [REDACTED]
CASE NUMBER: [REDACTED]
LOG NUMBER: 2390

YOUTH'S DOB: 04/30/87 AGE AT PLACEMENT: 9 CLIENT ID# 999999999
SEX: M/F RACE: 3 LEGAL STATUS 44

PROVIDER NAME: [XXXXXXXXXXXXXXXXXXXXXXXXXXXX] {Display only if selected from
PROVIDER #: [XXXXXXXXXX] a provider list.}
CONTACT PERSON: []
FAMILY STRUCTURE: [x]
LAST NAME #1: [XXXXXXXXXXXXXXXXXXXX] FIRST: [XXXXXXXXXX] MI: [x]
DOB: [MMDDYYYY] SEX: [x] RACE: [x] HISPANIC ORIGIN: [x]
SSN/FEDERAL ID #: [999999999]
LAST NAME #2: [XXXXXXXXXXXXXXXXXXXX] FIRST: [XXXXXXXXXX] MI: [x]
DOB: [MMDDYYYY] SEX: [x] RACE: [x] HISPANIC ORIGIN: [x]
SSN/FEDERAL ID #: [999999999]
ADDRESS: [XXXXXXXXXXXXXXXXXXXX] [XXXXXXXXXXXXXXXXXXXX] {Display if from list}
CITY: [XXXXXXXXXXXXXXXXXXXX] STATE: [xx] ZIP CODE: [XXXXXX] - [XXXX]
COUNTY: [xx] LOCATION: [xx]
PHONE #1: [999] - [99999999] PHONE #2: [999] - [99999999]
PLACEMENT BEGIN DATE: [MMDDYYYY] LIVING ARRANGEMENT [XX]
FUNDING SOURCE: [x]
PLACEMENT END DATE: [MMDDYYYY] TOTAL DAYS PLACED: {DISPLAY #}
PLACEMENT REASON: {DISPLAY ALPHA EXPLANATION OF REMOVAL CONDITIONS FROM
LEGAL INFORMATION SCREEN.}
COMMENTS Y/N?: [N]
PRODUCE A CONDITIONS OF PLACEMENT AGREEMENT, FIA 767, Y/N?: [N]
PRODUCE DELINQUENCY ACTION SUMMARY Y/N?: [N]
PAYMENTS SCREEN Y/N?: [N]
EDUCATIONAL SCREEN Y/N?: [N]

CONTINUE CANCEL

15

SCREEN #3

```

                                CASE NAME: [REDACTED]
INSURANCE/MA PROVIDER PLACEMENT RECORD  CASE NUMBER: [REDACTED]
                                           LOG NUMBER: 2390
-----
YOUTH'S DOB: 04/30/87   AGE AT PLACEMENT: 9   CLIENT ID# 999999999
SEX: M/F               RACE: 3   LEGAL STATUS 44
-----
INSTITUTION NAME: {Display here from provider list}
PROVIDER ID#: {Display}

CONTACT PERSON: [ ]

ADDRESS: {Display}
CITY: {Display}      STATE: {xx}   ZIP CODE: {xxxxx}-{xxxx}
COUNTY: {xx}        LOCATION: {xx}
PHONE #1: {999}-{99999999}  PHONE #2: {999}-{99999999}

PLACEMENT BEGIN DATE: [MMDDYYYY]   LIVING ARRANGEMENT [XX]

FUNDING SOURCE: [x]

PLACEMENT END DATE: [MMDDYYYY]      TOTAL DAYS PLACED: {DISPLAY #}

PLACEMENT REASON: {DISPLAY ALPHA EXPLANATION OF REMOVAL CONDITIONS FROM
LEGAL INFORMATION SCREEN.}

COMMENTS Y/N?: [N]

PRODUCE A CONDITIONS OF PLACEMENT AGREEMENT, FIA 767, Y/N?: [N]
PRODUCE DELINQUENCY ACTION SUMMARY Y/N?: [N]

EDUCATIONAL SCREEN Y/N?: [N]

                                CONTINUE      CANCEL
```

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SCREEN #4

SUPERVISED INDEPENDENT LIVING

CASE NAME: [REDACTED]
CASE NUMBER: [REDACTED]
LOG NUMBER: 2390

YOUTH'S DOB: 04/30/87 AGE AT PLACEMENT: 9 CLIENT ID# 999999999
SEX: M/F RACE: 3 LEGAL STATUS 44

AGENCY NAME: {Display here if supervised by CPA}
PROVIDER #: {999999999}

ADDRESS: [xx]
CITY: [xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx] STATE: [xx] ZIP CODE: [xxxxxx]-[xxxx]
COUNTY: [xx] LOCATION: [xx]
PHONE #1: [999]-[99999999] PHONE #2: [999]-[99999999]

PLACEMENT BEGIN DATE: [MMDYYYY] LIVING ARRANGEMENT [xx]

FUNDING SOURCE: [x]

PLACEMENT END DATE: [MMDYYYY] TOTAL DAYS PLACED: {DISPLAY #}

PLACEMENT REASON: {DISPLAY ALPHA EXPLANATION OF REMOVAL CONDITIONS FROM
LEGAL INFORMATION SCREEN.}

COMMENTS Y/N?: [N]

GENERATE INDEPENDENT LIVING AGREEMENT Y/N?: [N]
PRODUCE A CONDITIONS OF PLACEMENT AGREEMENT, FIA 767, Y/N?: [N]
PRODUCE DELINQUENCY ACTION SUMMARY Y/N?: [N]

PAYMENTS SCREEN Y/N?: [N]
EDUCATIONAL SCREEN Y/N?: [N]

CONTINUE CANCEL

ASSUMPTIONS ABOUT THE SCREENS:

- 1) Case data within the lines is display only.
DOB, Client ID #, Sex, and Race come from the Youth Data screen.
Age at Placement should be calculated by the computer.
Legal Status is from the Court Information screen under Legal Info.
- 2) Placement Reason will also be display only. These will come from the Removal Conditions within the Legal Information section. There are 307 characters if all the conditions were displayed on the screen.
- 3) On Screen #1, Agency Name (If appropriate), Agency Provider # and Foster Home name and # fields are display only from the provider selected.
If the Agency is a Child Placing Agency there could be both an Agency Name and # and a Foster Home Name and #. If a worker selects an Agency

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or a CCI that does not have a contract with the Department a message should tell the worker that this is not a contracted provider and that Central Office approval is necessary to place the child there. Payments must also be authorized through Central Office. See Provider specs.

On Screen #2, if the worker has selected a provider from the Manual Payments provider list the Provider Name and number should display on the screen. If the provider does not appear on the Manual Payments Provider list the worker should have a pick box that asks them if they want to generate an FIA-2351 to enroll the provider. See 2351 specifications.

On Screen #3 the Provider Name and number should display from the Insurance/MA Provider list. Each county will need to enroll these providers within Provider Management. See Carolyn's Provider specifications.

On Screen #4, if the Independent Living Arrangement is supervised by a Placing Agency the Agency Name and Provider # should display on the screen.

- 4) There are edits within SWSS to prevent a worker from going to the payment screen if not appropriate. These are based on Living Arrangement and Funding Source. (See 626 Payment Specifications by Lisa.) The only Unlicensed Provider that can be paid is a provider that is enrolled in Model Payments. An Insurance/MA provider can never be paid on a FIA-626.
- 5) Contact Person should have a box that the worker can click on and a pop-up box will appear that asks for the Name and Phone # of the contact person within the Agency. History will not need to be kept on this item.
- 6) Total Days Placed should be calculated by the computer based on Begin Date and system date.
- 7) Comments should be indexed by placement.
- 8) Required fields:

All Screens:

- A) Placement Begin Date
- B) Living Arrangement
- C) Funding Source

Screen #2:

- A) Family Structure (AFCARS)-Not required if a placed in jail, L/A 12 or a out of State CCI, L/A code 26. If an institution then it would be reported as a 0 for AFCARS.
- B) Name (Both will be required if Family Structure is two caretakers. See AFCARS #49 below. This would be codes 1 and 2)
- C) DOB (Both will be required if Family Structure is two caretakers)
- D) Sex (Both will be required if Family Structure is two caretakers)
- E) Race (Both will be required if Family Structure is two caretakers) Use ASSIST race codes, see Lee Hunsberger's ASSIST specifications.
- F) Hispanic Origin (Both will be required if family structure is two caretakers.)
- G) Address, City State and Zip Code.
- H) If the placement is an Institution then only Address, City, State and Zip Code is required. Gray out the other fields.

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Screen #3: See above-All Screens

Screen #4:

A) Address, City, State and Zip Code

9) History

- A) History should be kept by placement.
- B) A Placement End Date must be added before a worker can ADDNEW.
- C) If there have been no placements made the worker should see the Placement Choice buttons. (See flow chart)
- D) If there have been placements added a worker should come upon the Placement History Summary Box. (See below)
- E) At this box a worker can either highlight a particular placement to review or the worker can press ADDNEW and will be taken through the Placement flow.
- F) The History box will also show if a 626 has been generated for the placement. When on-line, real time transaction take place within SWSS to CWFIS the History box should reflect that a payment was authorized and the payment amount.
- G) When a child Escapes from a Living Arrangement the worker must go into the placement screen and change the Living Arrangement Code to 20, AWOL. It will be required that the user enter an End Date for the placement. The placement will need to be stored in history with the correct Living Arrangement code and a new history line will display with the Escape displaying. (Changes have taken place in the Michigan Juvnile Code that states that an AWOL must be referred to as an Escape. Charges are to be brought against the Youth for Escape. Therefore within SWSS the Living Arrangement code 20, AWOL will continue to be called AWOL, due to CIS, but when a worker views the history line they will see Escape.) A youth can escape from any Living Arrangement but Own Home. If he leave his/her Own Home, L/A Code 01, it is called AWOL. The Begin Date for the escape/AWOL will be the End Date for the last placement. The End Date for the Escape/AWOL will be the Begin Date of the next placement. The worker will need to ADD New in order to enter another placement after an Escape/AWOL. If the worker wanted to view the Escape/AWOL screen all they would see would be the Living Arrangement Code, 20 and the Start and End Date, if there was one.

PLACEMENT HISTORY SUMMARY BOX

LOCATE: []

PROVIDER#	PROVIDER NAME	START	END	626 GENERATED
		113095	060696	Y
		060696	122396	Y
		122396	012097	N
		012097	020197	N
		020197	021397	N
		021397		

ADDNEW PRINT CONTINUE CANCEL

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- 10) All of the youth's placements should print out on the FIA-3185. (See attached) The format for printing out the form should remain the same as it is currently printing within SWSS, this was decided by the users that this format is preferred. Payment Rate will need to be added to this form and Court/Parent name should be taken off. The old box format is also attached for reference purposes. School Information will also print out on this form, but this is dealt with in the Educational Specification for Foster Care and Delinquency. The Placement data elements that print on this form are:

- A) Placement Begin Date
- B) Name of Placement Provider
- C) Address
- D) Phone number #1(If there is one.)
- E) County of Placement
- F) Provider #
- G) Worker number
- H) Rate of payment-The rates should print out as follows:

- 1) Regular-Age Appropriate Rate = \$\$
- 2) DOC-Level I-Age Appropriate Rate + Level I Rate = \$\$
- 3) DOC-Level II-Age Appropriate Rate + Level II Rate = \$\$
- 4) DOC-Level III-Age Appropriate Rate + Level III Rate = \$\$
- 5) DOC-Exception-Print Alpha Explanation
- 6) Medically Fragile-Level I-Age Appropriate Rate + MF Level I = \$\$
- 7) Medically Fragile-Level II-" " + MF Level II = \$\$
- 8) Medically Fragile-Level III-" " + MF Level III = \$\$
- 9) Medically Fragile-Level IV-Exception-Display Alpha Explanation
- 10) Exception-Print Alpha Explanation
- 11) Ward Child-Age Appropriate Rate + x(12.30) = \$\$
x=Number of ward's children-12.30=Age appropriate rate under 12
- 12) Manual Payment-Print Rate
- 13) Contract Rate(If L/A is 9, 10, 11, 13, 14 15, 17, 19 & 21)
Print Alpha Explanation
- 14) Medicaid(If L/A is 16)-Print Alpha Explanation
- 15) If L/A is 01-Own Home, 03-Legal Guard. & 22= No Payment
- 16) If L/A is 02-Relatives either Manual Payment or FIP or No Payment, unless they are a licensed provider than use codes 1-11
- 17) Independent Living(If payment is made) = \$\$
- 18) L/A 12-Jail = No Payment

- 11) The Living Arrangement codes on CIS are: Converted to AFCARS codes

01-Own Home	8
02-Relative's Home	2
03-Legal Guardianship	8
04-Adoptive Home	1
05-Foster Home-FIA	3
06-Foster Home-Private Agency(Will be deleted from CIS)	
07-Independent Living	6
08-Group Home-FIA(Will be deleted from CIS)	
09-Public Shelter	3, 4, or 5*
10-Residential Care Centers-FIA	4, or 5*
11-Detention	5
12-Jail	5
13-Private Child Care Institution	4 or 5*
14-FIA Training School	5

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15-Nokomis Challenge Program	5
16-Mental Health Facility	5
17-Court Treatment Facility	5
18-Out of State Placement(Maybe changing see codes below)	
19-Boarding School and Runaway Service Facility, Other and Adult Foster Care Home	5
20-AWOL(Change to Escape?)	7
21-Arbor Heights	5
22-Out of State-Parent(Not on CIS yet)	8
23-Out of State Relative(Not on CIS yet)	2
24-Out of State Foster Home(Not on CIS yet)	3
25-Out of State Child Placing Agency(Not on CIS yet)	3
26-Out of State Institution(Not on CIS yet)	5
27-Out of State licensed relative(Not on CIS yet)	2

*-For Providers that provide care for 1-6 children, this should be coded as AFCARS code 3, Foster Family Home. For Providers that provide care for 7-12 children, these should be converted to AFCARS code 4, Group Home. For Providers that provide care for 13 or more children, they should be converted to AFCARS code 5, Institution.

Valid Living Arrangement Codes for the 4 screens are:

Screen #1: 2(If licensed), 5, 9, 10, 11, 13, 17,
19, 20, 21 and 23-27(On Model Payments Providers)

Screen #2: 1, 2(If not licensed), 3, 12, 20, 22 and 23(if no payment made)

Screen #3: 16, 19 and 20

Screen #4: 7 and 20

04-Is only valid in an Adoption case where a petition has been filed and the child has been placed for Adoption and SWSS has an Adoption case open.

07-EDIT: A child must be at least 16 years old for this L/A to be valid.

11-If a child is placed in Detention for over 30 days, a message should tell the worker that Director Approval is necessary for this placement to continue. A worker would only get this message if they went into the Placement screen.

14 & 15-Only ACT 150, State Ward Delinquents, Legal Status 46 or 52 can be placed in these facilities.

11 & 17-If a child is placed in Detention or a Court County Treatment Facility for more than 30 days, a message should tell the worker that Medicaid needs to be closed.(See Above)

18-If a child is placed in Jail over 5 days a message should tell the worker that Director's approval is necessary.(See above)
A message should also tell the worker that Medicaid must be closed if the L/A changes to Jail.

20-A worker can not open a placement with Living Arrangement code 20-AWOL
A child has to be AWOL from a particular placement.

21-EDIT: The TG/Legal Status must be 44-46 or 52.

02, (If licensed), 05,09, 10, 13, 21, 24, 25, 26, and 27-These placements are Title IV-E eligible and if a child is ADC-FC eligible based on Darl's specifications an ADC-FC Funding Source is appropriate.

01, 02 (if not licensed), 03, 04, 07, 11, 12, 14, 15, 16, 17, 19, 20, 22 and 23 are not Title IV-E eligible Living Arrangements. If a child is

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Title IV-E eligible but the Living Arrangement is not, a message should tell the worker that the child is Title IV-E eligible but the placement is not.

- 12) Valid Funding Source codes for each screen are:

Screen #1: 2, 3, 4, 5, and 7
Screen #2: 1-7
Screen #3: 3, 4 and 7
Screen #4: 1, 3, 4, 5, 6 and 7

- 13) If a youth is placed in an Out of State Placement, Living Arrangement Codes 22-27, a message should tell the worker, "See HELP for an explanation of conditions that need to be met prior to a child being placed outside of the State of Michigan." The HELP should display the attached Delinquency Policy Manual item 825.

- 14) If a youth is moved from one placement to the next and the victim has filled out a Victim Rights Notification form, this will be documented in the Legal Information Screen, the victim must be notified of the youth's move and new placement. Pat Smiley has developed a letter that the worker can generate to notify the victim of the new placement. (See attached) Therefore, if the victim's Rights box has been checked on the Legal Information screen and the child moves the question, "Produce a Victim Notification letter Y/N?: [N]", should appear. A victim must also be notified if the youth has escaped from placement or has been apprehended after escape. A letter is not necessary but if the worker enters a Living Arrangement Code 20 they should be given the option of printing a Victim's Right's letter. There could be more than one victim so a pick list of victims will need to display for the worker in order to choose one from the list. (See attached, the discharge notification will be done in closing.)

- 15) If a worker enters the Living Arrangement Code 20, AWOL a pop-up box should appear that list the steps that a worker needs to take if a youth is AWOL. The worker should be able to check the boxes if they have done the action. This box should pop up each time a worker goes into the screen until all actions are completed. HELP should display the attached Delinquency Manual item 828. This box should look like:

Notify Victim: Letter ☐ Phone ☐ Date: [MMDDYYYY]
{If a letter has been printed it should prefill these fields}
Notify Court and request pick up order ☐ Date: [MMDDYYYY]
Notify parents: Letter ☐ Phone ☐ Date: [MMDDYYYY]
Stop Payment: ☐
FIA-3198: ☐
Enter on LEIN: ☐

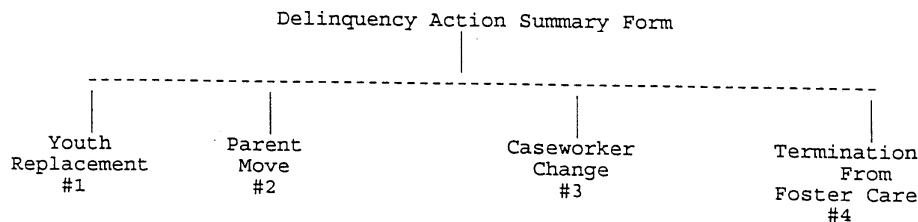
If a child is then apprehended and the worker Adds New and the old Living Arrangement is 20 a pop-up box should appear so that the worker can check the apprehension procedures.

Notify Victim: Letter ☐ Phone ☐ Date: [MMDDYYYY]
{If a letter has been printed it should prefill these fields}
Notify Court: Petition for violation of Probation Y/N? [N]
Notify parents: Letter ☐ Phone ☐ Date: [MMDDYYYY]
Notify Facility Director ☐ Date: [MMDDYYYY]
Notify for court hearing: Youth ☐ Facility Director ☐ Family ☐
Notification from Facility Director regarding prosecution Y/N? [N]

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Return to placement [] New Placement [] {Option button}
Start or Stop payments []
Cancel LEIN []
FIA-767 []

- 16) If the Living Arrangement is 07, Independent Living the worker should have the option of printing out a FIA Independent Living Agreement. The worker should be able to enter comments. This would only be allowed if it is an FIA supervised Independent Living arrangement. (See attached copy) A worker should only be able to enter comments from the placement screen. They should not be able to do so from the Print Generation Menu. Delinquency Manual item 828, page 8 is attached for HELP on Independent Living.
- 17) Within Delinquency a worker must fill out a Conditions of Placement Agreement, an FIA 767, with the Youth for each placement the youth is in. The worker will need to add comments and conditions to this form. (See attached form)
- 18) If a worker enters the Living Arrangement 01, Own Home, after a child has been out of home, AFCARS will be reported for a six month period of time as long as the child is not placed back into a foster care setting. After this six month period of time the case will be "closed to AFCARS reporting." For a specific definition of an Episode see Julie Tubbs-Lott's AFCARS database specifications.
- 19) A worker should also be able to print out a Delinquency Action Summary. This form replaces the Replacement Documentation Summary (FIA-4531), and the Termination of Foster Care Documentation. There are four separate actions a worker can do on the Delinquency Action Summary, but the only two actions that concern placement are the two aforementioned actions. (Other specifications will deal with #2 & 3) A worker can access this form in the placement screen for actions #1 and 4. From the Print Generation Menu they will be able to access all four actions. History will not need to be kept on this form.



If a worker enters a "Y" in the Produce Delinquency Action Summary box the system will prompt the worker to enter the information appropriate for that action.

FORM BREAKDOWN for Actions #1 and #4: (See attached form)

Action #1-Youth Replacement Summary

Type of Action and Effective date and Youth Information should print out.

Youth Move Summary-The computer should automatically fill this out when the worker has changed a placement.

Section A-A worker will need to check the box that is appropriate for #1.

Section B-This will need to be filled out for #1. The worker should check as many boxes that apply to the youth being moved and fill in the requested narrative.

Also add a box for the worker to add four lines of comments.

There should also be signature lines at the bottom for the worker and supervisor.

Action #4-Termination From Foster Care Documentation

Type of Action and Effective date and youth Information should print out.

Youth Move Summary-The computer should automatically fill this out when the worker has changed a placement.

Section B-This will need to be filled out for #4 also. The worker should check as many boxes that apply to the youth being moved and fill in the requested narrative.

For Termination From Foster Care-Will only need to be filled out for action #4. The worker should be able to enter narrative and should be prompted to do so. Four lines of narrative for each sentence should suffice. A worker is required to fill out the first four sentences but the fifth is not required.

There should also be signature lines at the bottom for the worker and supervisor.

Edits: If the youth is moved from one foster care placement setting to another, Living Arrangement codes, 2, 5, 7, 23, 24 and 25, or 27, the worker should do a replacement documentation. If the Living Arrangement code stays the same, but there is a change in placement the worker should also do a replacement document.

If a youth is moved from a foster care setting, see Living Arrangement codes above, to any other Living Arrangement code, then a Termination From Foster Care documentation should be done.

- 20) Provider Match should work the way it does in the Transfer process. Currently the Provider Match only works for Foster Homes, but specifications will be written for Provider Match to work for CCI's and Placing Agencies-These will be handled under the Provider specifications. A worker should be able to do a Provider Match for a Foster Home, Child Caring Institution, Placing Agencies, Unlicensed Paid providers on Manual Payments and enrolled Insurance/MA providers. In the Delinquency Module the providers should be separated out by Risk Level, with providers that match the youth's risk level at the top of the list. (See Flow above) Help/Error messages for this screen are also attached.)
- 21) For Help/Error messages see Help/Error tables which are attached. AFCARS Help/Error messages should use the AFCARS definitions included below. For AFCARS #50-55 when entering the Caretaker information on screen #2, the worker should be prompted to enter the female caretaker in the first box if appropriate.

EDITS:

- 1) CIS edits are already programmed into the system. These look at valid Living Arrangement Codes vs. Target Group/Legal Status, Funding Source, Eligibility and Foster Care Event.
- 2) If a worker tries to enter a Placement End Date and a payment has not been authorized. A message should tell the worker that:
"A Payment has not been authorized-Do you need to authorize a payment before the placement ends?" This would only be a reminder, it should not prevent a worker from ending a placement.

AFCARS

1. AFCARS Foster Care Element #23:

DATE OF PLACEMENT IN CURRENT FOSTER CARE SETTING

- A) SWSS will need to read each case file to determine the most recent Placement Begin Date.
- B) If the youth was discharged during the reporting period the "most recent" Placement Begin Date is to be reported.
- C) This is not a core data element.
- D) The definition for this Element is:

Def.: Month, Day and year the child moved into the current foster home, facility, residence, shelter, institution, etc. for purposes of continued foster care.

Edit: The Date of Latest Removal From Home, Element 21, {Which is on the Removal Conditions screen within Legal Information} must be equal to or prior to the Date of Placement in Current Foster Care Setting, Element 23.

2. AFCARS Foster Care Element #24:

NUMBER OF PREVIOUS PLACEMENT SETTINGS DURING THIS REMOVAL EPISODE

- A) This will be a cumulative count from the beginning of an episode across reporting periods. (See AFCARS DB specification for definition of an episode.
- B) Current placement setting is also included in this count.
- C) Trial Home Visit and Runaway, which are data reporting codes for Element #41 Current Placement Setting, will not be counted as a placement in Element #24. These AFCARS codes will map to FIA Living Arrangement codes 01, 03, and 22 for Trial Home visit, and 20, AWOL for Runaway. (See above) We will also not count Independent Living as a placement either, which is L/A code 07.
- D) If the youth is in a Foster Home which then becomes an adoptive home the Current Placement Setting will change but the Number of Placement Setting will remain the same, i.e., if the child is not moved but the type of placement changes, this will not change the count.
- E) This is not a core data element for reporting purposes.
- F) The definition for this Element is:

Def: The number of places the child has lived, including the current setting, during the current removal episode.

Edit: There are no AFCARS edits for this field.

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